TERUGTREDENDE OVERHEID EN MENSENRECHTEN

(samenvatting IFUD of Human Rights)

2013

INLEIDING.

(IFUD of Human Rights) J.P. van den Wittenboer

2013

Lokale overheden willen burgers betrekken in het ontwikkelen van beleid.Dit noemen we "beheerste discontinuïteit" en dit geniet duidelijk de voorkeur boven het polarisatiesysteem.Waarom is het van belang beheerste discontinuïteit als een afzonderlijke veranderingsstrategie (planned change) te onderkennen? Het antwoord daarop is dat de burger,in het plan zelf kan mee groeien.Zo kennen wij als voorbeeld het onlangs genomen initiatief door de gemeente Geldrop-Mierlo met inwoners van de gemeente die samen een burgerpanel vormen "samen werkt mierlo".Dat kan o.a inhouden sociale contacten tot stand brengen,burenhulp,klussendienst,activiteiten voor jongeren en ouderen organiseren.De saamhorigheid in de buurt vergroten,leefbaarheid woon-leefomgeving.Daartoe zijn een aantal wijkbijeenkomsten georganiseerd om de plannen uit te leggen in het kader van de terugtredende overheid.Zelfs sneeuwruimen door burgers zijn enkele van de ideeën die zijn voorgedragen.Zaken bundelen en bespreken met de gemeente of wijkagent zonder dat daar een klacht en een procedure voor nodig is kan veel geld besparen.Het is dus beter als louter op een klachtenregel en daarop volgende juridische procedures te zijn aangewezen.Echter hierin zijn beperkingen.Ambtenaren van de gemeente en politie hebben een ambtsgeheim.Hierdoor kan niet alle informatie vrij worden gegeven aan derden.Dat kan gaan om sociale en medische achtergronden van bewoners in de wijk.Wel kunnen algemene maatschappelijke situaties worden besproken.De overheid is gehouden aan de verplichtingen van het Verdrag van de EU,Verdrag van de Europese Grondwet en de Verdragen van de VN.

Toespraak minister Donner bij Montesquieu Instituut

Toespraak | 25-08-2011

(bron:rijksoverheid)

De krakende pijlers van de democratische rechtsstaat; het verwoordt een onbestemd gevoel van zorg over de werking van de democrati-sche rechtstaat. De heer d'Hondt heeft die zorgen net nader gepreci-seerd; populisme, de rechter in opspraak, Europa, de monarchie. Nu kunt u van zittende ministers – en zeker die van BZK – niet verwach-ten dat ze uitbundig mee gaan zuchten over het krakend bestel; dan heb ik morgen een spoeddebat.

Dus hebben de organisatoren mij maar een vingerwijzing meegege-ven voor de richting waarin ik een antwoord moet zoeken: bouwen aan vertrouwen.

Zorgen over de staat van land en overheid zijn van alle tijden. U her-innert zich allen het rampjaar: het volk redeloos, de regering rade-loos, het land reddeloos. Als men de dagelijkse berichten moet gelo-ven lijkt het tegenwoordig soms wel of het ieder jaar rampjaar is. Het kraken: onrust, onvrede, zorg over het functioneren van de democra-tische rechtstaat is welhaast vaste achtergrondmuziek geworden van het dagelijks functioneren van overheid en politiek. Dat hoeft ook niet te verbazen. Met regels, toezicht en rechtsbescherming hebben we een institutionele machinerie gebouwd die een aanhoudende stroom fouten, kritiek, missers en miskleunen genereert, welke via het publi-citair politiek complex versterkt worden. Het is eerder verbazend dat we nog zo´n vertrouwen hebben in democratie, overheid en recht-staat dat we bij ieder nieuw probleem naar de overheid kijken voor een oplossing, en ieder conflict gretig bij de rechter neerleggen. Vol-gens het SCP is het vertrouwen in de politiek in de laatste tien jaar niet afgenomen. Deze week berichtte het ANP dat Nederlanders ambtenaren onverminderd vertrouwen; bij politici is dat wat minder.

Toch is er meer aan de hand. Alleen al omdat er voortdurend over vertrouwen gesproken wordt. Vertrouwen is vertrouwen indien het vanzelfsprekend is – of sterker nog: vanzelfzwijgend. Als het ter dis-cussie komt is dat op zich zelf al verlies aan vertrouwen. Angst en onzekerheid nemen toe; een groeiend aantal kiezers voelt zich aan-gesproken als ´slachtoffer´. We hebben ook weinig vertrouwen in het collectief vermogen om de vraagstukken van deze tijd op te lossen: ´mij gaat het goed, ons gaat het slecht´. We verschillen steeds ster-ker van mening over wezenlijke fundamenten van het staatsbestel, zoals Europese samenwerking, rechterlijke toetsing, binding aan in-ternationale verplichtingen. Zorgen die deze zomer er niet minder op zullen zijn geworden met de gebeurtenissen in Noorwegen, de rellen in het Verenigd Koninkrijk en het schijnbaar onvermogen om de crisis in Europa op te lossen. Het versterkt het vertrouwen in overheden niet.

Vertrouwen biedt echter een weinig bruikbaar concept voor het ana-lyseren en bestrijden van zorg en kritiek over politiek en overheid. Vertrouwen -of gebrek daaraan- is als koorts. Het is een signaal dat er iets mis, maar biedt geen of weinig aanknopingspunt voor de be-strijding van de oorzaken. Het geforceerd afkoelen van het lichaam kan in extreme situaties tijdelijk soelaas bieden om erger te voorko-men, maar het lost doorgaans niets op. Evenzo wijst gebrek aan ver-trouwen er mogelijk op dat er iets mis is, maar het biedt geen hou-vast bij de aanpak van de problemen en nog minder een remedie.

Bouwen aan vertrouwen vereist kortom inzicht in wat de oorzaken zijn van dat verlies. d ´Hondt noemde in zijn inleiding als mogelijke oorzaak dat de bruikbaarheid van de uitgangspunten van

Montesquieu is verlopen. Dat is niet uitgesloten. Ze werden meer dan twee en een halve eeuw geleden geformuleerd met het oog op een heel andere politieke werkelijkheid. Maar anderen zullen ongetwijfeld stellen dat die uitgangspunten tijdloos zijn. Voor we het weten gaat het dan over Montesquieu en niet over ´de krakende pijlers van de democratische rechtstaat´. Het is daarom beter om net als bij koorts, eerst eens nader te bezien waar de kritiek en klachten zich op richten en waarmee het verlies van vertrouwen samenhangt.

Beschouwd men de kritiek en ontwikkeling van staat en overheid na-der, dan zou men eerder zeggen dat de staat vastloopt in een te veel aan vertrouwen, dan in gebrek daaraan. Want de stroom kritiek be-vestigt eerder impliciet het bestaan van vertrouwen in plaats van wantrouwen. Zij berust immers impliciet op de veronderstelling dat de overheid beter kan, beter moet en geen fouten hoeft te maken. Met het inzicht van kennis achteraf, gaat de discussie doorgaans over fout, schuld, en het voorkomen van een herhaling door nieuwe re-gels, procedures en toezichtmechanismen. De vraag of al die ver-wachtingen misschien niet misplaatst zijn en het inzicht, dat men in de wiskunde al langer heeft, dat fouten inherent zijn aan complexe systemen, komt niet op. We zien de overheid als ‘santo subito’ als instant heilige. De tijd van de gedachte: de overheid heb je nodig maar je moet haar niet vertrouwen, ligt kennelijk ver achter ons.

Vertrouwen in de overheid -niet wantrouwen- vormt ook de motor achter de uitdijende overheidstaak en –bemoeienis in de afgelopen halve eeuw. Maar we lopen nu in vast in de keerzijde van die gesta-ge expansie van de overheidszorg. Niet alleen vanwege de over-heidsfinanciën, maar ook vanwege de krimpende beroepsbevolking. Er zijn gewoon geen mensen en geld meer voor alle publieke zorg en overheidstaken. Dat is op zich zelf al genoeg voor een herbezinning. Maar dat is te meer nodig omdat we tegen de maatschappelijke keerzijde van die expansie oplopen. Want in dat proces is burgers geleidelijk iedere andere verantwoordelijkheid dan de verantwoorde-lijkheid voor zichzelf uit handen genomen. De zorgende overheid los-te het wel op, waarbij die overheid zich op den duur met zijn regels, procedures en bureaucratie als albedil ontpopte. Uiteindelijk blijft de burger dan achter als consument van overheidsdienstverlening, die vervreemd raakt van de burgerlijke verantwoordelijkheid voor de ei-gen leefomgeving, de medeburgers en de oplossing van maatschap-pelijke vraagstukken.

Het leidt tot onvrede, voortdurende kritiek en verwaarlozing van de publieke ruimte. Mensen hebben het gevoel dat er steeds meer over ze beslist wordt zonder dat men daar invloed op heeft. Als bij de Vre-de van Nijmegen: ‘bij u, over u, maar zonder u’. In een recent rapport is betrokkenheid, eigen verantwoordelijkheid voor keuzen, verande-ringen en de kwaliteit van de leefomgeving genoemd als de cruciale factor bij de ontwikkeling van wijken en buurten. De overheid is wel nodig, maar niet een overheid die de problemen voor de buurt oplost maar die ze door de buurt laat oplossen. Dan hebben we het niet meer over horen, inspraak en betrokkenheid bij besluitvorming, maar om eigen verantwoordelijkheid en nieuwe vormen van eigenbeheer. Het gaat ook niet om het traditionele beeld van de terugtredende overheid, maar om een geheel andere wijze van genereren en stimu-leren van collectieve initiatieven en betrokkenheid.

De ontwikkeling van nieuwe vormen van eigenbestuur en zelfbeheer staat nog in de kinderschoenen. De uitgangspunten en ambities wor-den in steeds meer gemeenteprogramma ´s beleden, maar ze in de praktijk brengen is veel moeilijker. Het vergt namelijk wat voor de hedendaagse politiek en bestuur misschien wel het moeilijkst is ge-worden - de kunst van stilzitten, overlaten en zelfbeheersing. Toch zijn er in Nederland vele geslaagde voorbeelden van burgerinitiatie-ven en zelfbeheer in wijken en buurten. Het gaat bovendien niet om een specifiek Nederlandse ontwikkeling. In het Verenigd Koninkrijk, de Bondsrepubliek en andere omliggende landen loopt men op tegen een gelijke problematiek en zoekt men oplossingen in dezelfde rich-ting. Het is wat de regering Cameron aanduidt als de omslag van ´big government´ naar ´big society´.

Het is te eenvoudig om de recente onlusten in Engelse steden te ge-bruiken als bewijs van of dreigend perspectief voor wat dan ook. Maar ze boden het beeld van jongeren die zich op geen enkele wijze meer verantwoordelijk voelden voor wat dan ook; het ging om vrijwel nihilistisch plunderen en vernielen. Als dat de houding en mentaliteit is die we met decennia van overheidsingrijpen en -zorg hebben ge-genereerd, dan is er alle reden om ons af te vragen of we daarmee niet op het verkeerde spoor zitten.

Een overheid is nooit sterker dan de samenleving waarin zij wortelt en waaruit zij voortkomt. Die samenhang is bij alle aandacht in de achterliggende jaren voor verbetering en versterking van het functio-neren van de overheid misschien wel uit het oog verloren. De over-heid is daarbij de burgers steeds meer de tekortkomingen van het samenleven uit handen gaan nemen, waardoor het proces werd ver-sterkt. Een democratische rechtstaat berust uiteindelijk op het be-wustzijn bij burgers dat men gezamenlijk zelf verantwoordelijk is voor de oplossing van maatschappelijke vraagstukken. Het besef van het Amerikaanse gezegde: ´If it's to be, it is up to me´. Als het anders moet, dan is het aan mij om het te veranderen. Dat besef is geleide-lijk vervangen door de reflex: als het anders moet, dan is het aan de overheid om dat te realiseren. En daarbij geldt het Nederlandse ge-zegde: ´de beste stuurlui staan aan wal´.

De vraag is derhalve aan de orde of de wijze waarop staat en over-heid in de afgelopen halve eeuw zijn ontwikkeld en zijn gebruikt om het dagelijks leven, de zorg en de directe omgeving voor burgers te ordenen en te regelen, niet vastloopt? Niet alleen vanwege de kosten en menskracht, maar vooral ook omdat het een samenleving creëert waarin burgers nog weinig eigen verantwoordelijkheid hebben en nemen voor hun omgeving. Het antwoord daarop is niet gelegen in het versterken van vertrouwen in de overheid of in het verbeteren van de bestuurlijke organisatie. Het antwoord dat nodig is vergt een vinden van een wezenlijke nieuwe koppeling tussen maatschappelij-ke betrokkenheid, oplossings- en organisatievermogen en sociale verantwoordelijkheid enerzijds, en het functioneren van de overheid anderzijds.

Aan het ene einde van het spectrum van de overheidstaak rijzen kortom vragen rond de bruikbaarheid van de traditionele bestuurlijk juridische concepten. Aan het andere einde van dat spectrum is dat niet minder het geval, te weten bij het ordenen en regeren van de internationale verhoudingen. De constatering dat de bestaande orde-ning van besluitvorming en slagvaardigheid minder toereikend is voor de eisen die de huidige crisis en het beheer van een gemeenschap-pelijke munt stellen, behoeft deze dagen weinig toelichting. We pro-beren in Europa een Unie die door economisch-monetaire integratie en internationale politieke en economische ontwikkelingen steeds dichter op elkaar gedrongen wordt, te besturen met de concepten en uitgangspunten zoals die door Montesquieu en anderen zijn ontwik-keld. Ook daarin lopen we vast.

De ontwikkelingen rond de euro hebben het vraagstuk van de be-sluitvorming en handhaving van Europese en internationale afspra-ken hoog op de agenda geplaatst. We zijn in niet geringe mate in de huidige crisis geraakt omdat de in het verleden gemaakte afspraken niet zijn nageleefd, en om eruit te komen is het nodig om absolute zekerheid te hebben dat de gemaakte afspraken dit keer wel worden uitgevoerd en nageleefd. Alle betrokken landen staan hier ambivalent in. Wat men van de ander met grote stelligheid eist, oogt heel anders als het zelf moet worden toegepast en nageleefd; en wie bewaakt de afspraken, en -nog belangrijker- wie bewaakt de bewakers van de afspraken. Daar is het de vorige keer ook fout gegaan.

De discussie over deze vragen en problematiek wordt bemoeilijkt, omdat we onwillekeurig teruggrijpen op inzichten en concepten van staatsinrichting, zoals die eertijds bij de vorming van nationale staten zijn gehanteerd. Daardoor wordt iedere discussie al gauw gezogen in discussie over de overdracht van bevoegdheden, de vorming van politieke macht en van Europese staatsvorming en wordt daarmee vrijwel onoplosbaar. Het miskent dat ideeën en uitgangspunten over verdeling van macht, zoals die van Montesquieu geschreven werden voor een gesloten systeem, wat de staten van Europa op dat mo-ment nog in sterke mate waren. Binnen een gesloten systeem is het logisch om in het belang van de vrijheid van burgers overheidsmach-ten te onderscheiden en te scheiden, om macht te beperken met te-genmacht en om draagvlak voor verplichtingen te kweken door pu-bliek debat. Maar in een open internationaal systeem waarin meerde-re landen onderling afspraken maken en gemeenschappelijk belan-gen behartigen, vergt de bescherming van de vrijheid van burgers andere uitgangspunten. Dan is de behartiging van nationale belan-gen meer gediend met eenheid van besluitvorming en niet van scheiding, slagvaardigheid en ook in zekere mate een beperkte openheid; anders laat men zich immers op voorhand in de kaarten kijken.

Evenzo zijn de uitgangspunten van handhaving en bestraffing die we binnen de staat hanteren in het belang van de vrijheid van de burger, in het internationale verkeer minder bruikbaar. Binnen het nationale rechtssysteem hebben we de handhaving en bestraffing omgeven met waarborgen, overleg en nadere besluitvorming, teneinde de vrij-heid van de burger jegens de staat te beschermen. Maar in het inter-nationale verkeer leiden diezelfde waarborgen, overleg en nadere besluitvorming er doorgaans toe dat er niet wordt gehandhaafd. In het internationale verkeer vergt handhaving van afspraken automati-sche terugkoppelingsmechanismen, sancties die onmiddellijk werken en beperkingen die onmiddellijk in werking worden gesteld. Waar die ontbreken, zal de naleving van afspraken altijd een kwestie zijn van de onderlinge krachtsverhoudingen tussen staten en de bereidheid zonodig geweld te gebruiken.

In de discussie over deze problematiek maakt men zich er doorgaans te eenvoudig vanaf door het de oplossing te zoeken in institutionele arrangementen die aan de nationale staatsinrichting zijn ontleend. Dat miskent dat zelfs kleine staten nu al tegen de grenzen van oplo-pen van regionale, culturele en politieke diversiteit. De Belgen zijn nu al langer dan een jaar niet in staat om juist om die reden een nationa-le regering te vormen. In het licht van die praktijk -en voor alle duide-lijkheid België is zeker niet het enige land dat daarmee geconfron-teerd wordt- is het erg kortzichtig om te verwachten dat dergelijke problemen zich op een schaal van Europa eenvoudig laten oplossen. Overigens maken tegenstanders van boven nationale oplossingen zich er niet minder eenvoudig vanaf, met argumenten van overdracht van soevereiniteit en bevoegdheden. De discussie gaat niet over de overdracht van nationale bevoegdheden en macht, maar over het gezamenlijk herwinnen van controle en invloed op ontwikkelingen waar de afzonderlijke landen de greep allang op hebben verloren.

Ik stel dus vast dat aan het andere einde van het spectrum van de overheidstaak het functioneren van staat en overheid eveneens in de problemen loopt die het gevolg zijn van de toepassing van traditione-le concepten en uitgangspunten op situaties waar ze niet werken en niet voor geschreven zijn. Terugkomend op het beeld van de kraken-de pijlers van de democratische rechtstaat, stel ik vast dat de pijlers vooral kraken omdat we geleidelijk het gebouw dat daar op berust zo hebben uitgebreid dat het maar de vraag is of de pijlers daar wel voor bedoeld waren en daar voor bestand zijn. Een hedendaagse Mon-tesqueu zou zich naar mijn overtuiging dan ook minder richten op de bestudering van vraagstukken van het bestuur van de staat, als wel op de vraagstukken en problemen van bestuur en regering van een internationale samenleving. Die lossen we niet op door te doen alsof die internationale samenleving gezien kan worden als nationale sa-menleving, om vervolgens de gebruikelijke concepten en instituties daar op los te laten.

Dit is niet meer dan een schets van de vraagstukken. Ik zal geen po-ging doen om alle antwoorden te geven of over oplossingen te spe-culeren. Er is een hoop problematiek ook tussen het ene en het an-dere einde van het spectrum dat ik eerder noemde. Daar liggen ook vraagstukken met betrekking tot het binnenlands bestuur. Maar daar valt wel uit te komen. Bijvoorbeeld via de ingezette aanpak van de compacte overheid en het opstellen van een agenda voor burger-schap. Er zijn uiteraard nog veel meer te bespreken vraagstukken denkbaar. Denk aan het populisme en de democratie. Bij die discus-sie moeten we voor ogen houden dat het niet Montesquieu was maar De Tocqueville, die hierover schreef mede op basis van ervaringen in Amerika. Uit 'De la democratie Amerique werd al duidelijk dat hij verbaasd was dat democratie kon werken zonder alle bijverschijnse-len die de Franse Revolutie te zien had gegeven. Daarom meende hij dat de ervaring van Amerika niet zonder meer in Europa van toepas-sing zou kunnen zijn. En toch is dat wel op die manier zo gebeurd. Politiek is in de afgelopen halve eeuw steeds populistischer gewor-den. Men heeft kiezers jarenlang verteld dat zij het voor het zeggen hadden; is het dan vreemd als ze daar naar gaan handelen?

Nederland is de economische crisis tot dusverre goed doorgekomen, maar staat nu voor de dringende opgave om de staatshuishouding in korte tijd op orde te brengen met alle maatschappelijke gevolgen en spanningen van dien. Dit vergt forse ingrepen, die worden gebruikt voor vernieuwing en versterking van de basis en fundamenten waar-op Nederland de toekomst met vertrouwen tegemoet kan zien.

Uiteindelijk gaat het immers om onze samenleving. Het moet dan ook niet gaan om het vertrouwen van de burger in de overheid maar het zelfvertrouwen van burgers in eigen belang en eigen kracht. De overheid kan faciliteren maar de kracht zit in de samenleving zelf.

Simpele antwoorden in tijden van crisis zijn er eenvoudigweg niet. Maar crisis moet niet gelijk worden gesteld aan krakende pijlers van de democratische rechtsstaat. Het kraken van hout is immers meestal een geruststellend geluid. Verrot hout kraakt niet meer en de opvarenden van een zeilschip zouden door grote angst bevangen worden wanneer het opeen doodstil zou worden. En persoonlijk houd ik erg van het luxe gevoel dat men overhoudt aan het lopen over ou-derwetse krakende parketvloer van echt hout.

De folder waarmee u bent uitgenodigd toont een plaatje waar de tekst “Bouwen aan Vertrouwen” geprojecteerd staat op de nieuwe torens van BZK en Veiligheid & Justitie. Ik hoop dat het geen kraken-de pijlers zullen blijken. Bouwen aan vertrouwen dus. Het sluit aan bij de herdefinitie van BZK; bouwzaken!

IP/10/487

Luxembourg, 3 May 2010

European Commission swears oath to respect the EU Treaties

The College of Commissioners has today sworn a solemn declaration at the European Court of Justice in Luxembourg, pledging to respect the EU Treaties and to be completely independent in carrying out their duties during their mandate. For the first time, the Commissioners also explicitly pledged to respect the new Charter of Fundamental Rights.

Commission President, José Manuel Barroso said, *"The oath of independence and respect for the EU Treaties is more than a symbolic act. The European Commission is a unique institution and the Commissioners have today made clear that they will uphold all the principles and values enshrined in the Treaties and the Charter of Fundamental rights*".

Background

According to Article 245 of the Treaty on the Functioning of the European Union (a provision included already in previous Treaties), all members of the European Commission are required to give "a solemn undertaking" when entering upon their duties to respect their obligations under the EU Treaties. Traditionally, this solemn undertaking is made before the European Court of Justice in Luxemburg in the first months after the start of the mandate of a new European Commission. As the current Commission, which took office on 10 February 2010, is the first Commission that works under the new Treaty of Lisbon, the wording of the solemn undertaking was adapted to the new legal situation and includes also a reference to the EU Charter of Fundamental Rights.

A copy of the solemn declaration can be found in annex.

ANNEX

SOLEMN DECLARATION

Before the

COURT OF JUSTICE OF THE EUROPEAN UNION

pursuant to Article 17 of the Treaty on European Union and Article 245 of the Treaty on the Functioning of the European Union.

- Having been appointed as a Member of the European Commission by the European Council, following the vote of consent by the European Parliament

I solemnly undertake:

- *to respect the Treaties and the Charter of Fundamental Rights of the European Union in the fulfilment of all my duties;*
- *to be completely independent in carrying out my responsibilities, in the general interest of the Union;*
- *in the performance of my tasks, neither to seek nor to take instructions from any Government or from any other institution, body, office or entity;*
- *to refrain from any action incompatible with my duties or the performance of my tasks.*

I formally note the undertaking of each Member State to respect this principle and not to seek to influence Members of the Commission in the performance of their tasks.

I further undertake to respect, both during and after my term of office, the obligation arising therefrom, and in particular the duty to behave with integrity and discretion as regards the acceptance, after I have ceased to hold office, of certain appointments or benefits.



EUROPESE COMMISSIE
Directoraat-generaal Justitie

Directoraat C: Grondrechten en burgerschap van de Unie
Eenheid C1: Grondrechten en rechten van het kind
Hoofd van de eenheid

Ref. Ares(2012)302479 - 14/03/2012

Brussel
JUST/C1/AEP/am/299508s

J.P. Van den Wittenboer
Voorzitter van IFUD of Human Rights
Kastanje 28
5731 NK Mierlo
Nederland

Geachte heer Van den Wittenboer,

Dank voor uw brief van 27 januari 2012 aan de heer Barroso. Ik antwoord namens hem omdat kwesties betreffende de grondrechten deel uitmaken van de portefeuille van vicevoorzitter Reding, commissaris voor Justitie, Grondrechten en Burgerschap.

In uw brief spreekt u uw bezorgdheid uit over het vertoon van nazisymbolen in het openbaar in Nederland. U bent van mening dat dit aanzet tot haat en u verzoekt de Commissie hiertegen op te treden.

De Europese Commissie verwerpt alle vormen en uitingen van intolerantie, omdat die onverenigbaar zijn met de waarden en beginselen die ten grondslag liggen aan de EU. De Commissie bestrijdt deze verschijnselen met alle middelen waarover zij krachtens de Verdragen beschikt.

Kaderbesluit 2008/913/JBZ inzake de bestrijding van bepaalde vormen en uitingen van racisme en vreemdelingenhaat door middel van het strafrecht verplicht alle EU-lidstaten ertoe het opzettelijk publiekelijk aanzetten tot geweld of haat jegens een groep personen, of een lid van die groep, die op basis van ras, huidskleur, godsdienst, afstamming, dan wel nationale of etnische afkomst wordt gedefinieerd, strafbaar te stellen. Ook het verspreiden of uitdelen van geschriften, afbeeldingen of ander materiaal kan hieronder vallen. Het kaderbesluit moest uiterlijk op 28 november 2010 door de lidstaten in nationaal recht zijn omgezet.

Hoewel het gebruik van nazisymbolen als zodanig niet verboden is krachtens het EU-recht, kan het in sommige gevallen wel onder kaderbesluit 2008/913/JBZ vallen. De nationale autoriteiten, i.e. de politie en de rechter, moeten elk geval afzonderlijk onderzoeken om vast te stellen of er sprake is van het opzettelijk aanzetten tot geweld of haat.

De Commissie volgt de omzetting van het kaderbesluit door de lidstaten zo goed mogelijk en werkt momenteel aan een analyse van de omzettingsmaatregelen die door de lidstaten, waaronder Nederland, zijn meegedeeld. De Commissie is volgens de Verdragen tot 1 december 2014 niet bevoegd inbreukprocedures in te leiden op basis van kaderbesluiten. Zij zal echter in 2013 wel een rapport opstellen over de omzetting van kaderbesluit 2008/913/JBZ.

Hoogachtend,

E.C.

Emmanuel Crabit

Europese Commissie, B-1049 Brussel - België. Tel: (32-2) 299 11 11.
Kantooradres: MO59 5/009. Doorkiesnummer: (32-2) 298 54 96. Fax: (32-2) 296 76 23.

KLACHT[1]

BIJ DE COMMISSIE VAN DE EUROPESE GEMEENSCHAPPEN WEGENS NIET-NALEVING VAN HET GEMEENSCHAPSRECHT

1. Naam en voornaam van de klager/klaagster:

2. In voorkomend geval vertegenwoordigd door:

3. Nationaliteit:

4. Adres of maatschappelijke zetel[2]:

5. Telefoon/telefax/e-mail:

6. Werkterrein en plaats(en) waar de werkzaamheid wordt uitgeoefend:

7. Lidstaat of publiekrechtelijk lichaam die, respectievelijk dat het Gemeenschapsrecht volgens de klager/klaagster niet heeft nageleefd:

---

1 Gebruikmaking van dit klachtenformulier is niet verplicht. Een klacht mag ook per brief bij de Commissie worden ingediend, maar in het belang van de klager/klaagster is het beter zoveel mogelijk terzake dienende inlichtingen te verstrekken. Dit formulier kan per gewone post naar het onderstaande adres worden gezonden:

Commissie van de Europese Gemeenschappen
(ter attentie van de Secretaris-generaal)
Wetstraat, 200
B-1049 Brussel
BELGIË

Dit formulier kan tevens worden afgegeven in een van de voorlichtingsbureaus van de Commissie in de lidstaten. Het is ook beschikbaar op de Internetserver van de Europese Unie (/eu_law/your_rights/your_rights_forms_en.htm). Alleen klachten die betrekking hebben op een schending van het Gemeenschapsrecht door een lidstaat, zijn ontvankelijk.

2 De klager/klaagster wordt verzocht de Commissie van iedere adreswijziging en van ieder feit dat op de behandeling van de klacht van invloed kan zijn, in kennis te stellen.

8. Zo nauwkeurig mogelijke uiteenzetting van de feiten die tot de klacht hebben geleid:

9. Vermeld, zo mogelijk, de bepaling(en) van het Gemeenschapsrecht (verdragen, verordeningen, richtlijnen, beschikkingen, besluiten, enz.) waarop volgens de klager/klaagster inbreuk is gemaakt:

10. Vermeld in voorkomend geval de financiële steun van de Gemeenschap (indien mogelijk met opgave van de referenties) die aan de betrokken lidstaat is of kan worden toegekend, en die met de aangeklaagde feiten verband houdt:

11. Vermeld in voorkomend geval welke stappen reeds bij de diensten van de Commissie zijn ondernomen (indien mogelijk een kopie van de briefwisseling bijvoegen):

12. Vermeld in voorkomend geval welke stappen reeds bij andere instellingen of instanties van de Gemeenschap (bijvoorbeeld bij de Commissie Verzoekschriften van het Europees Parlement, bij de Europese ombudsman) zijn ondernomen; vermeld zo mogelijk de door deze instellingen, respectievelijk instanties aan de door de klager/klaagster ondernomen stappen gegeven referenties:

13. Vermeld de reeds bij nationale instanties - op centraal, regionaal of lokaal niveau - ondernomen stappen (indien mogelijk een kopie van gevoerde briefwisseling bijvoegen):

13.1. administratieve stappen (bijvoorbeeld: klacht bij de bevoegde nationale administratieve instanties - op centraal, regionaal of lokaal niveau - en/of bij een nationale of regionale ombudsman):

13.2. beroep bij nationale rechterlijke instanties of andere gevolgde procedures (bijvoorbeeld arbitrage of verzoening). (Vermeld of de uitspraak reeds is gevallen of een besluit reeds is genomen en voeg als bijlage de tekst daarvan bij):

14. Vermeld in voorkomend geval ter staving van de klacht documenten en bewijsstukken, alsook de desbetreffende bepalingen van de nationale wetgeving; voeg deze stukken en bepalingen als bijlage toe:

15. Vertrouwelijkheid (kruis één van beide onderstaande vakjes aan)[3]:

! “Ik geef de Commissie toestemming om bij de instanties van de lidstaat waartegen de klacht is gericht, mijn identiteit bekend te maken.”

! “Ik verzoek de Commissie om bij de instanties van de lidstaat waartegen de klacht is gericht, mijn identiteit niet bekend te maken.”

16. Plaats, datum en handtekening van de klager/klaagster, respectievelijk van zijn of haar vertegenwoordiger:

---

3 De aandacht van de klager/klaagster wordt erop gevestigd dat het in bepaalde gevallen voor de behandeling van de klacht onontbeerlijk kan zijn dat aan de identiteit van de klager/klaagster bekendheid wordt gegeven.

(Toelichting op de keerzijde van het formulier)

Iedere lidstaat is verantwoordelijk voor de tenuitvoerlegging van het Gemeenschapsrecht binnen zijn interne rechtsorde (omzetting binnen de gestelde termijnen en correcte toepassing). Krachtens de verdragen ziet de Commissie van de Europese Gemeenschappen erop toe dat het Gemeenschapsrecht op correcte wijze wordt toegepast. Wanneer de Commissie van oordeel is dat een lidstaat zijn verplichtingen niet is nagekomen, beschikt zij over eigen bevoegdheden (beroep wegens niet-nakoming) om te trachten aan deze inbreuk een einde te stellen; in voorkomend geval kan zij de zaak aanhangig maken bij het Hof van Justitie van de Europese Gemeenschappen. De Commissie neemt, hetzij op grond van een klacht, hetzij op grond van vermoedens van inbreuken, die zijzelf heeft ontdekt, de stappen die zij gerechtvaardigd acht.

Onder "niet-nakoming" wordt verstaan, de schending door lidstaten van hun uit het Gemeenschapsrecht voortvloeiende verplichtingen. Die niet-nakoming kan bestaan in ofwel het stellen van een handeling ofwel het nalaten een handeling te stellen. Onder "Staat" wordt verstaan, de lidstaat die een inbreuk op het Gemeenschapsrecht pleegt, ongeacht welke instantie (op centraal, regionaal of lokaal niveau) voor de niet-nakoming verantwoordelijk is.

Eenieder kan bij de Commissie een klacht tegen een lidstaat indienen om (wettelijke of bestuursrechtelijke) maatregelen of praktijken van deze lidstaat die hij/zij met een bepaling of een beginsel van het Gemeenschapsrecht strijdig acht, aan te klagen. De klager/klaagster behoeft niet aan te tonen dat hij/zij door de door hem/haar aangeklaagde inbreuk in het bijzonder en rechtstreeks wordt geraakt. Er zij aan herinnerd dat opdat een klacht ontvankelijk wordt geoordeeld, deze een schending van het Gemeenschapsrecht door een lidstaat moet aanklagen. De diensten van de Commissie mogen beoordelen, overeenkomstig de door de Commissie vastgestelde voorschriften en prioriteiten inzake de inleiding van inbreukprocedures, of aan een klacht al dan niet gevolg moet worden gegeven.

Eenieder persoon die meent dat een (wettelijke of bestuursrechtelijke) maatregel of een administratief gebruik met het Gemeenschapsrecht strijdig is, wordt verzocht om zich, alvorens een klacht bij de Commissie in te dienen of gelijktijdig daarmee, eerst te wenden tot de bestuursrechtelijke en rechterlijke instanties op nationaal niveau (waaronder begrepen een nationale of regionale ombudsman en/of gebruikmaking van de beschikbare arbitrage- en verzoeningsprocedures). De Commissie beveelt het gebruik van deze door het nationale recht geboden bestuursrechtelijke, gerechtelijke of andere beroepsmogelijkheden aan alvorens een klacht bij haar in te dienen, omdat voor de klager/klaagster daaraan een aantal voordelen verbonden kunnen zijn.

De op nationaal niveau beschikbare rechtsmiddelen bieden de klager/klaagster de mogelijkheid om zijn/haar recht over het algemeen op een meer rechtstreekse en meer persoonlijke manier te doen gelden (rechterlijk bevel aan een bestuursrechtelijk lichaam, nietigverklaring van een nationaal besluit, schadevergoeding) dan hij/zij dat zou kunnen wanneer de Commissie een inbreukprocedure inleidt, aangezien deze procedure eerst na geruime tijd tot enig resultaat kan leiden. De Commissie is namelijk verplicht om, alvorens de zaak bij het Hof van Justitie bij de Europese Gemeenschappen aanhangig te maken, eerst een overlegprocedure te volgen teneinde de betrokken lidstaat ertoe te brengen de inbreuk ongedaan te maken.

Bovendien is een arrest van het Hof van Justitie van de Europese Gemeenschappen waarbij niet-nakoming wordt vastgesteld, niet van invloed op de individuele rechten van de klager/klaagster. Een dergelijk arrest houdt alleen voor de lidstaat de verplichting in om zich naar het Gemeenschapsrecht te richten. Voor individuele schadevergoeding moet de klager/klaagster zich in ieder geval tot de nationale instanties wenden.

De onderstaande administratieve waarborgen zijn van toepassing:

a) Iedere klacht die ontvankelijk wordt geacht, krijgt, nadat zij bij het secretariaat-generaal van de Commissie is geregistreerd, een officieel nummer toegekend; vervolgens wordt aan de klager/klaagster een ontvangstbevestiging gezonden waarin dit referentienummer is vermeld. De toekenning van een officieel referentienummer - dat bij iedere briefwisseling moet worden vermeld - betekent niet noodzakelijk dat dan ook een inbreukprocedure tegen de betrokken lidstaat zal worden ingeleid.

b) Wanneer de Commissie het nodig acht stappen te ondernemen bij de instanties van de lidstaat tegen wie de klacht is gericht, wordt rekening gehouden met de wensen die de klager/klaagster in verband met de vertrouwelijkheid (punt 15 van het formulier) kenbaar heeft gemaakt.

c) De Commissie streeft ernaar binnen een termijn van twaalf maanden, te rekenen vanaf de datum van registratie van de klacht bij het secretariaat-generaal, ten aanzien van de verdere behandeling van de klacht een besluit te nemen (inleiding van een inbreukprocedure of afsluiting van het dossier van de klacht).

d) Wanneer de bevoegde diensten overwegen om de Commissie voor te stellen het dossier van de klacht af te sluiten, wordt de klager/klaagster daarvan vooraf in kennis gesteld. Indien een inbreukprocedure wordt ingeleid, wordt de klager/klaagster van het verloop van die procedure op de hoogte gehouden.

Parlementaire vragen

15 juli 2011 E-006833/2011

Vraag met verzoek om schriftelijk antwoord
aan de Commissie
Artikel 117 van het Reglement
Willy Meyer (GUE/NGL)

Betreft: Schending van de Mensenrechten in Griekenland wegens het bezuinigingspakket en de maatregelen aangenomen door de EU

Antwoord(en)

Gisteren, donderdag 30 juni 2011, waarschuwde Cephas Lumina, Deskundige van de Verenigde Naties inzake Buitenlandse Schuld en Mensenrechten, dat het tweede bezuinigingspakket dat deze dagen onder druk van de Europese Unie door het Griekse parlement is goedgekeurd, de mensenrechten van de meest benadeelde bevolkingsgroepen van Griekenland kan schenden.

Zo verklaarde Lumina in een communiqué dat „de uitvoering van een tweede bezuinigingspakket en hervormingen, waaronder de privatisering van de openbare bedrijven en diensten, een belangrijke weerslag zal hebben op de sociale basisdiensten en bijgevolg op het genot van de mensenrechten van de Griekse bevolking, vooral binnen de meest kwetsbare groepen van de bevolking”.

De VN schaart zich zo achter zij die zich verzetten tegen de bezuinigingspakketten, aangezien ze de meest elementaire rechten van de burgers, zoals het recht op voeding, water, onderdak, eerlijk werk of de sociale diensten zoals de gezondheidszorg of het onderwijs, in gevaar brengen.

In hetzelfde communiqué heeft de deskundige van de Verenigde Naties zich gericht tot het Internationaal Monetair Fonds, de Europese Unie en de Europese Centrale Bank om erop te letten of het naleven van de maatregelen die ze hebben verdedigd rechtstreekse gevolgen heeft voor de Mensenrechten.

Rekening houdend met het feit dat het Handvest van de Mensenrechten na de inwerkingtreding van het Verdrag van Lissabon juridisch bindend is geworden, waardoor de Europese instellingen en de Lidstaten verplicht zijn om deze na te leven, en gezien de door de VN beschreven aanwijzingen in verband met de vermoedelijke schending van de Mensenrechten door de toepassing van de maatregelen van het „bezuinigingspakket”,

Wat is de mening van de Europese Commissie over de evaluatie die de Deskundige van de Verenigde Naties inzake Buitenlandse Schuld en Mensenrechten heeft gemaakt van de bezuinigingsmaatregelen die in verscheidene Lidstaten van de EU worden toegepast? Is de Europese Commissie voornemens om de maatregelen te herzien en de Griekse autoriteiten te vragen om ze te annuleren of te wijzigen om zo te voorkomen dat de Mensenrechten en het Verdrag van Lissabon worden geschonden? Heeft de Europese Commissie enig bijzonder programma opgestart om na te gaan en op te volgen of de toepassing van deze maatregelen de mensenrechten in Griekenland schendt?

Oorspronkelijke taal van de vraag: ES

PB C 128 E van 03/05/2012

Laatst bijgewerkt op: 21 juli 2011

.

Europees parlement

Parlementaire vragen

23 september 2011	E-006833/2011

Antwoord van de heer Rehn namens de Commissie

De Commissie is gebonden aan de EU-Verdragen en het Handvest van de grondrechten van de EU dat dezelfde juridische waarde als de Verdragen heeft en daarom is verantwoordelijk voor het waarborgen dat de overeengekomen met Griekenland programma een schending vormt van de mensenrechten . De Commissie is van mening dat dit inderdaad het geval is. De buitensporige accumulatie van schulden en voortdurende tekorten te verminderen economische groei en welvaart en moeten worden aangepakt op een eenvoudige manier.

In zijn verklaring, de heer Lumina ook opgemerkt dat 'de schuld alleen kan worden betaald uit inkomsten '. Inderdaad, het verminderen van overmatige staatsschuld vermindert de belasting op het inkomen van de toekomstige generaties. Groei helpt om de benodigde inkomsten te genereren, dus het programma legt ook sterk de nadruk op structurele hervormingsmaatregelen.

Privatisering betekent vooral een verandering van eigendom, en zal genereren inkomsten om de schuld af te lossen en de lasten voor de toekomstige generaties. Voorts dient te worden gekoppeld aan een betere, meer efficiënte dienstverlening waaruit kwetsbare delen van de samenleving zou gelijke mate kunnen profiteren. De Commissie is van mening dat Griekenland het privatiseringsproces zou moeten helpen om de totale bijdragen aan hogere niveaus van de groei en efficiëntie, en dus tot hogere niveaus van werkgelegenheid en het concurrentievermogen. Griekenland privatisering plan is onderdeel van de algemene inspanningen om de schuld van de Griekse regering te verminderen en de houdbaarheid van de overheidsfinanciën te garanderen, en het plan van de privatisering van EUR 50 miljard aan activa heeft het potentieel van het snijden van de schuldgraad met meer dan 20 procentpunten van het bruto binnenlands product (BBP) in de komende vijf jaar en moeten economische efficiëntie en buitenlandse directe investeringen te stimuleren. Voorzover privatisering zal bijdragen aan de groei, zal het ook een positief effect hebben op de werkgelegenheid. Echter, kan de Commissie niet anticiperen op de gevolgen voor de werkgelegenheid van elke specifieke privatisering.

Voor een meer gedetailleerde beschrijving van het privatiseringsplan, wordt het geachte Parlementslid verwezen naar de naleving verslag van de Commissie, met name op afdeling 4.2.1 (Asset Beheer en Privatisering, pagina's 30-34) en op afdeling 4.3

(groeibevorderende structurele hervormingen, pagina's 39-43), beschikbaar op: http://ec.europa.eu/economy_finance/publications/occasional_paper/2011/op82_en.htm

PB C 128 E, 03/05/2012



OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS

Human rights of older persons: International human rights principles and standards

BACKGROUND PAPER – revised and updated
Open-ended Working Group, GA resolution 65/182[1]

New York, 18-21 April 2011

[1] In 2010, the Office of the High Commissioner for Human Rights (OHCHR) prepared this paper as a basis for discussions at an Expert Group Meeting organized in Geneva from 5 to 7 May 2010, in collaboration with UNDESA, pursuant General Assembly resolution 64/132. The present version has been revised and updated with the incorporation of recent developments for reference by the Open-ended Working Group established by General Assembly resolution 65/182.

Human rights of older persons:
International human rights principles and standards

Table of contents

Across the globe, older persons face particular human rights challenges. Older persons often lack access to decision-making, essential information and opportunities for active participation. Many face income security and are abandoned by the State, by families or by their communities. Discrimination and abuse by relatives or caregivers remains under-reported and undocumented. Data and statistical information after the age of 60 is rare and constitutes a major limitation to improvements in design and implementation of programmes in areas as varied as justice, public transportation, housing and access to information.

Some older persons, particularly older women and members of minority groups, have experienced different forms of violence during their lives; hence their capacity to react is severely undermined. Some others find little opportunities to take part in cultural and community life. Many claim they are seldom allowed to provide their informed consent, including in decisions that will affect their health, property, legal capacity or daily care. Many older men and women argue that their contribution to society is rarely recognized and promoted. Current trends indicate the situation is set to worsen.

These situations point to a broad range of civil, political, economic, social and cultural rights. Despite existing human rights provisions already applicable to older persons in various international human rights treaties, these instruments appear to have been insufficiently applied to the challenges older persons face. While some Committees, especially the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW) have developed specific general comments and recommendations, and devoted attention to this community, some others have seldom addressed older persons in their concluding observations. Similarly, only a few special procedure mandate holders have brought attention and visibility to the elderly.

This paper reviews existing international human rights norms as they apply to older persons. It summarizes relevant work of some international human rights mechanisms (treaty bodies and special procedures) in addressing substantive human rights issues in all regions of the world.

1. Introduction

Human rights are by definition universal. By virtue of the universal scope of all rights, the whole range of internationally recognized human rights standards and principles, as contained in core international human rights treaties, also covers and protects older persons.

International bodies have made used of varied and evolving terminology when addressing older persons. In 1995 the Committee on Economic, Social and Cultural Rights (CESCR), already noted the array of expressions: "older persons", "the aged", "the elderly", "the third age", "the ageing", and, to denote persons more than 80 years of age, "the fourth age".[2] The Committee opted for "older persons" (*in French, personnes âgées; in Spanish, personas mayores*), the term employed in many General Assembly resolutions since 47/5 to the present 65/182. According to the practice in the United Nations statistical services, these terms cover persons aged 60 and above.

Nonetheless, there remains different uses across States and, as such, a lack of comparability and precision as to whom specific laws, policies and standards apply and should apply.

Treaty body mechanisms have taken note of these discrepancies and of human rights impacts of ambiguous or conflicting applications of age-specific policies. For example, the CESCR, has expressed concern about the different retirement ages for men (65) and women (60), resulting in lower pensions for women[3] or about the consequences of the changes to the age of eligibility for public pension benefits.[4]

The Covenants, on Economic, Social and Cultural Rights[5] and on Civil and Political Rights[6] include highly relevant provisions for the protection of human rights of older persons. Clearly, some rights like the right to the highest attainable standard of physical and mental health, to an adequate standard of living, to freedom from torture and equality before the law are not age-bound.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Rights of Persons with Disabilities (CRPD) also contain provisions which are applicable to older persons within their relevant scope.

Despite the fact that the norms in existing international human rights treaties apply to older persons in the same way as to other persons, it has been argued that there is a gap in the international human rights system. Namely, there is no specific provision(s) focusing on

---

[2] See Committee on Economic, Social and Cultural Rights, General Comment No. 6 on "The economic, social and cultural rights of older persons", E/1996/22, 8 December 1995, para. 9

[3] See for example, Committee on Economic, Social and Cultural Rights, Concluding Observations, Poland, E/C.12/1/Add.82, 19 December 2002.

[4] See for example, Committee on Economic, Social and Cultural Rights, Concluding Observations, Japan, E/C.12/1/Add.67, 24 September 2001.

[5] As of 26 April 2010, the International Covenant on Economic, Social and Cultural Rights has been ratified by 160 States.

[6] As of 26 April 2010, the International Covenant on Civil and Political Rights has been ratified by 165 States.

older persons,[7] nor a universal human rights instrument on the rights of older persons, as is the case for other categories of persons such as women, children, persons with disabilities or migrant workers.

Two human rights instruments contain explicit references to age:

1. The International Convention on the Protection of the Rights of Migrant Workers and the members of their families (ICMW), which includes "age" in the list of prohibited grounds for discrimination.[8]
2. The CRPD includes miscellaneous references to older persons in article 25 (b) on the right to health, and in article 28(2)(b) on the right to an adequate standard of living. Additionally, there are references to age-appropriate access to justice in article 13; and to age-sensitive measures of protection in article 16.

In fact, CRPD merits closer examination. While not all older persons are disabled and ageing should not be equated to a disability in and of itself, many older persons are persons with disabilities. Hence, their human rights are covered by this new instrument. There is no doubt that ageing can often lead to physical, mental, intellectual or sensory impairments and that this Convention offers unexplored potential to respond to various human rights issues affecting them.

Treaty bodies have interpreted and applied existing norms to older persons despite the lack of a specific instrument on the rights of older persons. The Committee on the Elimination of Discrimination against Women has recently adopted General Recommendation No. 27 on older women and the protection of their human rights under the CEDAW. Furthermore, it has addressed specific concerns of older women in most of its concluding observations and recommendations in 2010.

When the Committee on Economic, Social and Cultural Rights adopted General Comment No. 6 [9], it offered the first detailed interpretation of the specific obligations of State parties regarding older persons. General Comment No. 6 clarified the scope of each of the rights contained in the International Covenant on Economic, Social and Cultural Rights, as they apply to older persons.

Human rights treaty bodies have also referred to non-binding United Nations documents and other international documents on ageing and on older persons to clarify existing provisions, and to assist them in the interpretation of the content of a given right in reference to older persons. For example, the Committee on Economic, Social and Cultural Rights has made extensive reference to the 1982 Vienna International Plan of Action on Ageing, the 1991 United Nations Principles for Older Persons, the 1992 Global targets on ageing for the year 2001, and the 1992 Proclamation on Ageing.[10]

---

[7] Unlike regional human rights instruments, which specifically mention older persons, such as for example, African Charter of Human and Peoples' Rights, article 18(4); Protocol of San Salvador, article 17; Revised European Social Charter, article 23.

[8] See Convention on the Protection of the Rights of All Migrant Workers and the Members of Their Families, article 7.

[9] See Committee on Economic, Social and Cultural Rights, General Comment No. 6, "The economic, social and cultural rights of older persons", E/1996/22, 8 December 1995.

[10] See General Comment No. 6, cit., paras. 4-7, 19, 21, 31-34 and 37-42.

Among these non-binding instruments, the Political Declaration and the Madrid International Plan of Action on Ageing adopted at the Second World Assembly on Ageing in April 2002, and endorsed by the General Assembly in resolution 57/167 of 18 December 2002 constitutes the most recent UN document on ageing.[11] It has guided the development in key areas of legislation and social policies at the national level and has provided a framework for dialogue at international fora. The Political Declaration reaffirms the commitment to promote and protect human rights, to the elimination of age discrimination, neglect, abuse and violence (article 5) and makes references to the right to health (article 14), the opportunity to work and the continuing access to education and training programmes (article 12). Regarding the Madrid Plan of Action, priority directions I, II and III underscore the importance of health, development and well-being.

2. Application by international human rights mechanisms of existing norms to older persons

The following subsections summarize the issues and norms which international human rights mechanisms have applied to the rights of older persons. They also underscore approaches taken by international human rights bodies to address and characterize critical issues and a few specific rights. Overall, international human rights mechanisms have placed more emphasis on State obligations vis-à-vis economic, social and cultural rights, notably the right to social security, to health and to adequate housing, than on issues relating to civil and political rights.

a. Non-discrimination

The prohibition of discrimination is one of the pillars of international human rights law, hence *de jure* and *de facto* discrimination against any individual is at the center of the human rights discourse. The prohibition of discrimination is provided for in [all] international human rights treaties.

Discrimination has been defined as any distinction, exclusion or restriction which has the purpose or the effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.[12]

Elements of the definition include:

a) The principle of non-discrimination applies to all individuals in the consideration of their human rights and fundamental freedoms, including economic, social and cultural rights.

b) The principle of non-discrimination is linked to and complemented by the principle of equality. In practical terms these two principles must be carefully crafted into legislation, policies, programmes, procedures and practices, each with its own specificities.

[11] General Assembly resolutions in follow up to the Madrid Plan of Action have underlined the importance of implementing the plan: resolutions 60/135 (2005), 61/142 (2006), 62/130 (2007), 63/151 (2008), 64/132 (2009) and 65/182 (2010).

[12] See for example Art. 1 CEDAW and Art. 2 CRPD.

c) Discrimination means distinctions, as well as exclusions or restrictions made on specific grounds. States are required to ensure that they adequately address human rights issues by abstaining from discrimination (negative obligations) as well as by taking actions (positive obligations) to prevent a violation of the principle of non-discrimination.[13]

d) Such distinctions, exclusions or restrictions constitute violations, whether they have the effect – the objective outcome – or the intent – the discriminatory intention – of impairing or nullifying the exercise of any right by a particular individual.

Further, international human rights treaties require States to abstain from making de facto or de jure distinctions that can arbitrarily deny or restrict the full recognition or enjoyment of any human right, on the basis of a number of prohibited grounds.

Two international treaties include a explicit reference to 'age' as a prohibited ground of discrimination: article 7 of ICMW, which lists "sex, race, colour, language, religion or conviction, political or other opinion, national, ethnic or social origin, nationality, age, economic position, property, marital status, birth or other status", and various articles of CPRD which mention age, inter alia, as a potential source of multiple or aggravated discrimination, when combined with disability.[14],[15] While "age" is not explicitly listed as a prohibited ground the lists are illustrative and non-exhaustive, and usually include an open-ended category ("other status"), which has provided the opportunity for Committees for the consideration of age- related discrimination.

The CESCR has consistently taken this approach[16], and held that "(a)ge is a prohibited ground of discrimination in several contexts".[17] In this regard, it has highlighted "the need to address discrimination against unemployed older persons in finding work, or accessing professional training or retraining, and against older persons living in poverty with unequal access to universal old-age pensions due to their place of residence".[18] It also held that State

[13] See, generally, Human Rights Committee, General Comment No. 18, "Non-discrimination", HRI/GEN/1/Rev.6 at 146, 10 November 1989, paras. 7-10; Committee on Economic, Social and Cultural Rights, General Comment No. 20, "Non-discrimination in economic, social and cultural rights", E/C.12/GC/20, 10 June 2009, paras. 7-9.

[14] See Convention on the Rights of Persons with Disabilities, Preamble, para. (p) and article 8 (1) (b). It also requires "age-appropriate" accommodation regarding access to justice (article 13(1)); "age-sensitive" assistance to prevent exploitation, violence and abuse (article 16(2)); provide "services designed to minimize and prevent further disabilities among… older persons" in the context of the right to health (article 25); and article 28(2)(b) requires States parties to "ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes."

[15] Typically, other international human rights instruments list the following as prohibited grounds of discrimination: race, colour, sex, language, religion or political opinion, See, for example, International Covenant on Civil and Political Rights, article 2(1): "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status"; International Covenant on Economic, Social and Cultural Rights, article 2(2), "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".

[16] See General Comment No. 6, cit., paras. 11-12; General Comment No. 20, cit., para. 29.

[17] See General Comment No. 20, "Non-discrimination in economic, social and cultural rights", cit., para. 29.

[18] See General Comment No. 20, "Non-discrimination in economic, social and cultural rights", cit., para. 29. See also General Comment No. 6, cit., para. 22.

parties "need to take measures to prevent discrimination on grounds of age in employment and occupation".[19]

Significantly, article 26 of ICCPR provides for the protection of equality before the law, including a guarantee for effective protection against discrimination on *any other ground.* The Human Rights Committee has held that "while age as such is not mentioned as one of the enumerated grounds of prohibited discrimination in the second sentence of article 26, the Committee takes the view that a distinction related to age which is not based on reasonable and objective criteria may amount to discrimination on the ground of "other status" under the clause in question, or to a denial of the equal protection of the law within the meaning of the first sentence of article 26" [20], and has confirmed this approach in a number of individual communications.[21]

The Human Rights Committee has further clarified that article 26 encompasses the prohibition of discrimination in law or in practice in *any* field regulated and protected by public authorities, including in relation to the right to social security, such as in the case of a married woman and unemployment benefits. While article 26 did not require the State in that case to enact social security legislation, if the State did adopt legislation, then the law had to comply with article 26 – whether the legislation related to an article in the ICCPR or any other area, including a right under the ICESCR.[22]

Multiple discrimination, or the fact some individuals face discrimination on more than one ground, is a particularly complex issue for consideration and for remedying. In the preamble to its resolution 7/24, the Human Rights Council, has expressed its "deep concern for multiple or aggravated forms of discrimination and disadvantage that [can]lead to the particular targeting or vulnerability to violence of some groups of women, such as elderly women," (emphasis added).[23]

In a working paper prepared by Ms. Chinsung Chung as member of the Human Rights Council Advisory Committee, "ageism" is defined as "the stereotyping and prejudice against older people that can lead to age discrimination". In this context, illustrative examples range from neglect and negative stereotyping of the capacities of older people to situations such as those of primary healthcare services, few of which actually "include services specifically

[19] See Committee on Economic, Social and Cultural Rights, General Comment No. 18, "The right to work", E/C.12/GC/18, 6 February 2006, para. 16.

[20] *Love et al. v. Australia,Communication No.* 983/2001, views of 25 March 2003, para. 8.2

[21] See Human Rights Committee, *Schmitz-de-Jong v. The Netherlands*, Communication No 855/1999, views of 16 July 2001 (minimum age limit for senior citizen's partner's pass found objective and reasonable); *Love et al. v. Australia*, cit. (mandatory age of retirement for pilots found objective and reasonable), *Solis v. Peru*, Communication No. 1016/2001, views of 27 March 2006 (age as a criteria for dismissal from public service for reasons relating to the reorganization of public bodies found objective and reasonable); *Althammer et al. v. Austria*, Communication No. 998/2001, views of 8 August 2003 (the abolition of monthly household payments found to be based on objective and reasonable criteria).

[22] Human Rights Committee, communication No. 182/1984, *FH Zwaan-de Vries v. The Netherlands*, views adopted on 9 April 1987, CCPR/C/29/D/182/1984.

[23] Multiple discrimination is also a critical dimension in the consideration of reports by CEDAW and CESCR. See, for instance, Committee on Economic, Social and Cultural Rights, General Comment No. 20, "The economic, social and cultural rights of older persons", para. 17

designed for the elderly, sometimes health workers may refuse to treat older persons because of their age or because they lack the training on age-related illnesses and palliative care."[24]

b. Older women

The most recent development in the international human rights system is the adoption of general recommendation No. 27 by the Committee on the Elimination of Discrimination against Women. Adopted in October 2010, this recommendation addresses older women and the protection of their human rights. The Committee notes that "[although] men and women experience discrimination based on old age, [...] older women experience ageing differently"[25] and sets to underline some of the areas of difference.

The Committee's recommendation has purposely emphasized multiple discrimination as a prominent feature of the situation of older women. It has noted areas where the situation of women erodes with age, for example in accessing micro credit and finances, or in limitations to health services for certain diseases such as diabetes and geriatric conditions, and has called attention to prohibitions under some statutory and customary laws for women to inherit and administer marital property on the death of their spouse.

In recent years the Committee has also systematically scrutinized State parties about older women in a broad range of human rights issues. Importantly, concluding observations and recommendations address civil and political as well as economic, social and cultural rights, and often devote a specific subsection to older women.

Among such issues, for illustration, the Committee has called for sex-disaggregated data and comprehensive statistical information on older women[26]; has called for appropriate measures to eliminate discrimination with respect to the ownership and inheritance if land[27]; has asked State party to conduct gender assessments of its social sector legislation and policies as well as of its cuts in the health-care budget, paying particular attention to older women [28]; and has urged the State party to pay special attention to the needs of rural women, including older women, ensure their participation in decision-making processes and full access to education, health services and credit facilities[29].

---

[24] See Working Paper prepared by Ms. Chinsung Chung, Human Rights Council Advisory Committee, A/HRC/AC/4/CRP.1, 4 December 2009, para. 8. While not endorsed by the Human Rights Council (see President's Statement A/HRC/13/PRST/1), the Working Paper provides a useful survey of issues for consideration.

[25] Committee on the Elimination of Discrimination against Women, Forty-seventh session, CEDAW/C/2010/47/GC.1, 19 October 2010, advanced unedited version.

[26] Committee on the Elimination of Discrimination against Women, Concluding Observations, Albania, CEDAW/C/ALB/CO/3, 16 September 2010, para. 39; Panama, CEDAW/C/PAN/CO/7

[27] Committee on the Elimination of Discrimination against Women, Concluding Observations, Fiji, CEDAW/C/FJI/CO/4, 16 September 2010, para 35.

[28] Committee on the Elimination of Discrimination against Women Concluding Observation, The Netherlands, CEDAW/C/NLD/CO 5, 5 February 2010, para 45

[29] Committee on the Elimination of Discrimination against Women Concluding Observation, Netherlands, CEDAW/C/ARG/CO 6, 16 August 2010, para. 42

Poverty of older women has also been an issue of concern for the Committee on the Elimination of Discrimination against Women. The Committee has recommended State parties to take appropriate measures to avoid poverty and to combat the marginalization of older women, including immigrant and migrant women[30]. In relation to labour rights, the Committee has called attention to the negative impact on women of specific legislation related to retirement and old-age pensions, particularly in relation to requirement of 45 years of contributing to the pension fund without incurring a loss in benefits[31]

On a different vein, the Committee has also urged state parties to take immediate and affective measures to investigate the incidences of torture and killings of older women, based on accusations of witchcraft or sorcery, to prosecute and punish perpetrators of such acts and to prevent their reoccurrence in the future. The Committee has also called for legislative review and enforcement of relevant legislation related to these killings. [32]

Violence against women has been understood to encompass, but not be limited to, physical, sexual or psychological violence occurring in the family, within the general community, or perpetrated or condoned by the State wherever it occurs. [33] Some elements of this definition could shed light on a better understanding of violence and abuse of older persons, its human rights connotations and its close link with discrimination.

c. Vulnerabilities and special measures of protection

Beyond the prohibition of discrimination on the ground of age, human rights mechanisms have also identified older persons as being a vulnerable group requiring special measures of protection. Specifically, article 16(1) of the CPRD requires "age-sensitive" assistance and support for persons with disabilities and their families to prevent exploitation, violence and abuse, thereby recognizing the particular situations where older persons are vulnerable.

The CESCR has held that "[s]ide by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups."[34] Further, it has consistently included older persons in the list of groups that could potentially suffer disadvantages, vulnerability or marginalization.[35]

---

[30] Committee on the Elimination of Discrimination against Women, see Concluding Observation, Iceland, A/57/38, 2002, para. 250; Concluding Comments, France, C/FRA/CO/6, Fortieth session 14 January-1 February 2008, paras. 38-39.

[31] Committee on the Elimination of Discrimination against Women, Concluding Observations, Germany, CEDAW/C/DEU/CO/6, 12 February 2009.

[32] Committee on the Elimination of Discrimination against Women, Concluding Observations, Papua New Guinea, CEDAW/C/PNFG/CO/3, 30 July 2010, para. 28.

[33] General Assembly Resolution 48/104

[34] See Committee on Economic, Social and Cultural Rights, General Comment No. 6, "The economic, social and cultural rights of older persons", cit., para. 17.

[35] See Committee on Economic, Social and Cultural Rights, General Comment No. 4, "The right to adequate housing", E/1992/23, 13 December 1991, para. 8 (e); General Comment No. 7, "The right to adequate housing:

The Committee against Torture has also specifically clarified that State parties should prohibit, prevent and redress torture and ill-treatment including, *inter alia*, in institutions that engage in the care of the aged.[36] The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has likewise underscored that the elderly are among the highly vulnerable in general detention facilities and in psychiatric institutions.[37]

In addition, the Human Rights Committee has noted "the vulnerable situation of older persons placed in long-term care homes, which in some instances has resulted in degrading treatment and violated their right to human dignity"[38], while the Committee on the Elimination of Racial Discrimination acknowledged the particular impact on older persons of lack of basic foods and medicines, leading to grave suffering and malnutrition"[39]

The examination of reports by the Human Rights Council under the universal periodic review mechanism has also lead to recommendations about the rights of older persons. Some States have been encouraged to dissemination good practices and existing policies and programmes[40] while other states has been called to intensify their efforts to eradicate poverty, improve access to services and pursue social policies for the elderly. [41]

The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Novak, has highlighted the vulnerability of older persons in detention facilities. As stated by the Special Rapporteur, "[m]any detainees complained that they felt like they were treated worse than animals. Indeed, most human beings would not like their dogs or cats to be treated in the same way that many human beings are treated in detention. [...]Within detention facilities, there is usually a strict hierarchy, and those at the bottom of this hierarchy, such as children, the elderly, persons with disabilities and diseases, gays, lesbians, bisexuals and trans-gender persons, suffer double or triple discrimination". [42]

---

forced evictions", E/1998/22, 20 May 1997, para. 10; General Comment No. 12, "The right to adequate food", E/C.12/1999/5, 12 May 1999, para. 13; General Comment No. 14, "The right to the highest attainable standard of health", E/C.12/2000/4, 11 August 2000, para. 12; General Comment 15, "The right to water", E/C.12/2002/11, 20 January 2003, para. 16(h).

[36] See Committee against Torture, General Comment No 2, "Implementation of article 2 by States parties", CAT/C/GC/2, 24 January 2008, para 15.

[37] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. "Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention", February 5, 2010. A/HRC/13/39/Add.5, para. 237.

[38] See Human Rights Committee, Concluding Observations, Germany, CCPR/CO/80/DEU, 4 May 2004, para. 17.

[39] See Committee on the Elimination of Racial Discrimination, Concluding Observations, Iraq (1997), para. 258, Fifty-second Session, Supplement No. 18 (A/52/18).

[40] See Human Rights Council, A/HRC/11/22, para.130.7; Human Rights Council, A/HRC/12/3, para. 80.21; Human Rights Council, A/HRC/15/15, para. 78.48-4.

[41] See Human Rights Council, A/HRC/11/25, para. 114.20: See the Human Rights Council, A/HRC/11/24, para.97.13; See Human Rights Council, A/HRC/8/25, para. 56.17.

[42] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. "Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention", February 5, 2010. A/HRC/13/39/Add.5, paras. 231 and 257.

The representative of the Secretary- General on the human rights of internally displaced persons noted with concern that the overcrowding, substandard housing and insecure tenure which are general issues for all internally displaced persons were compounded by the particular needs of certain vulnerable persons such as the disabled and the elderly who may have special housing requirement of for whom housing impacts on their access to essential services.[43] He also called attention to the fact that persons who are dependant on others and have limited knowledge of legal procedure or limited access to local authorities, such as [...]elderly persons, may also have particular difficulties in obtaining certificates as internally displaced persons, or other necessary documents to access basic rights and services.[44]

A working paper prepared by a member of the Human Rights Council Advisory Committee notes that "elderly people, can be more vulnerable in natural disasters or situation of armed conflict" [...] "they are unable to escape because of disabilities, lack of mobility or lack of physical strength and become victims of violence and reprisals. They are left isolated, destitute and without support systems when families and communities disintegrate. Those unable to get to registration centers in camps frequently miss out on food and health programmes. Older asylum seekers, older refugees and stateless older people are therefore more vulnerable".[45]

d. Special measures for specific groups

Some human rights mechanisms have addressed the human rights of older persons by acknowledging the need for age-specific measures. This does not necessarily require qualifying older persons as being in a vulnerable or marginalized situation: special measures can be understood as identifiable age-group requirements in comparison with other age-groups. For example, article 25(b) of the CPRD requires that health services be "designed to minimize and prevent further disabilities, including among children and older persons."

Moreover, the CESCR has recommended that health policies take particularly into account the needs of the elderly, "ranging from prevention and rehabilitation to the care of the terminally ill"[46], and has reaffirmed "the importance of an integrated approach, combining elements of preventive, curative and rehabilitative health treatment. Such measures should be based on periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity."[47]

---

43 Report of the Representative of the Secretary- General on the human rights of internally displaced persons the Human Rights Council, Addendum in his follow-up to the visit to Azerbaijan in 2007, A/HCR/16/43/Add.2

44 Ibid, para 50 and 70.c),e).

45 See Working paper prepared by Ms. Chinsung Chung, Human Rights Council Advisory Committee, cit., paras. 19 and 20. See also the Inter Agency Standing Committee brief on Humanitarian Action and Older Persons (2008), paras. 24,28

46 See General Comment No. 6, cit., paras. 34-35.

47 See General Comment No. 14, cit., para. 25.

Similarly, the CESCR held that "older persons should have access to suitable education programmes and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc."[48]

With regard to the right to housing, the CESCR has endorsed some of the recommendations of the Vienna International Plan of Action on Ageing[49], noting that "national policies should help older persons to continue to live in their own homes as long as possible, through the restoration, development and improvement of homes and their adaptation to the ability of those persons to gain access to and use them". The Committee has also underscored that urban rebuilding and development planning and law needs "to pay special attention to the problems of the ageing, assisting in securing their social integration"; and that there is a need "to take account of the functional capacity of the elderly in order to provide them with a better living environment and facilitate mobility and communication through the provision of adequate means of transport."[50]

e. The right to social security, and the issue of social protection

Age plays a particularly prominent role in the right to social security and old age is generally acknowledged as one of the main "contingencies" or "branches" of social security in international law.[51]

The CESCR has recognized that old age is one of the contingencies to be covered by social security[52], and held that "(t)he International Covenant on Economic, Social and Cultural Rights does not contain any explicit reference to the rights of older persons, although article 9 which provides for "the right of everyone to social security, including social insurance", implicitly recognizes the right to old-age benefits."[53]

The CESCR has also clarified that the right to social security encompasses both contributory, insurance-type schemes and non-contributory, tax-funded schemes (sometimes referred to as "social assistance").[54]

It has stated that the following elements are inherent in the right to old-age benefits:

[48] See General Comment No. 6, cit., para. 37.

[49] Similar references are also found in the Madrid Plan of Action on Ageing, in priority direction III

[50] See General Comment No. 6, cit., para. 33.

[51] See ILO C 102, Social Security (Minimum Standard) Convention (1952), part V.

[52] See General Comment No. 6, cit., paras. 26-30; General Comment No. 19, "The right to social security", E/C.12/GC/19, 4 February 2008, para. 15.

[53] See General Comment No. 6, cit., para. 10.

[54] See General Comment No. 6, cit., para. 30; General Comment No. 19, cit., para. 4.

- States parties must take appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law.[55]
- State parties should consider establishing a retirement age that is flexible, taking into account the national circumstances, the occupations performed – in particular work in hazardous occupations – and the working ability of older persons, with due regard to demographic, economic and social factors.[56]
- States parties must guarantee the provision of survivors' and orphans' benefits on the death of the breadwinner who was covered by social security or receiving a pension.[57]
- States parties should, within the limits of available resources, provide non-contributory old-age benefits and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.[58]

The Committee has noted with concern the low coverage of old-age pensions and the broader lack of social protection systems for older persons.[59] It recommended for example to extend the network of integrated health and social care services, including home help, for older persons with physical and mental disabilities.[60] It noted the preference for home care in the context of poverty rather than institutionalization of older persons in need of care. In this context, the Committee has also recommended allocating sufficient funds and strengthening the role of non-profit organizations in the provision of home care and other social services.[61]

The Committee has also raised concerns about the potential discriminatory impact of old-age pension benefits on specific groups and for this purpose it has requested comparative statistical data on the levels of old-age pensions, disaggregated by sex, number of children, income groups and other relevant criteria, so as to enable an assessment of the pension benefits of women and of members of disadvantaged and marginalized groups who are frequently exposed to interruptions of their professional careers.[62]

---

[55] See General Comment No. 6, cit., para. 27; General Comment No. 19, cit., para. 15.

[56] See General Comment No. 6, cit., para. 28; General Comment No. 19, cit., para. 15.

[57] See General Comment No. 6, cit., para. 29.

[58] See General Comment No. 6, cit., para. 30; General Comment No. 19, cit., para. 15.

[59] See for example, Committee on Economic, Social and Cultural Rights, Consideration of Reports Submitted by States Parties Under Articles 16 And 17 of The Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights, Nicaragua, E/C.12/NIC/CO/4, Forty-first session Geneva, 3-21 November 2008, para. 22.

[60] Committee on Economic, Social and Cultural Rights, Consideration of Reports Submitted by States Parties Under Articles 16 And 17 of The Covenant, Slovenia, E/C.12/SVN/CO/1, Thirty-fifth session Geneva, 7-25 November 2005, para. 35.

[61] Committee on Economic, Social and Cultural Rights, Consideration of Reports Submitted by States Parties Under Articles 16 And 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights, Serbia and Montenegro, E/C.12/1/Add.108, Thirty-fourth session 25 April-13 May 2005, para. 8.

[62] Committee on Economic, Social and Cultural Rights, Concluding observations of the Committee on Economic, Social and Cultural Rights, Austria, E/C.12/AUT/CO/3, Thirty-fifth session 7-25 November 2005, para. 25.

The Independent Expert on Human Rights and Extreme Poverty has recently addressed the issue of non-contributory or social pensions of older persons, as an important dimension of social security systems. This is the first report of a special procedures mandate focusing the attention on the situation of older persons. Her report stresses the low coverage of contributory pension schemes and highlights that "non-contributory pensions can significantly reduce poverty and vulnerability among old people, in particular for women, who live longer and are less likely to benefit from contributory systems". It also provides recommendations to ensure that non-contributory pensions comply with core human rights standards. [63]

The Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance has also considered the issue of exclusion of pension systems and recommended remedial measures.[64]

The Representative of the Secretary-General on the human rights of internally displaced persons raised concern about the lack or insufficient social protection of internally displaced older persons and noted the need to consider special measures to take into account the particular health and assistance needs of elderly persons, including those who are care-givers, as often older persons care for children left with them by their parents.[65]

f. Universal design and accessibility

The Convention on the Rights of Persons with Disabilities includes the concept of "universal design", that is "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design"[66], and develops State obligations regarding the promotion of the availability and use of universally designed goods, services, equipment and facilities.

The concept of "universal design" can benefit, inter alia, older persons, many of whom may also be persons with disabilities. In addition, State party obligations to ensure physical and communicational accessibility can also be of relevance to older persons. For example, inaccessible buildings or services restrict the possibilities of exercising freedom of movement both for persons with disabilities and for older persons, or for the combination of both: older persons with disabilities.

The CESCR has also identified accessibility – including physical accessibility – as a key component of the normative content of the rights contained in the Covenant, and has noted to

---

[63] See Report of the Independent Expert on Human Rights and Extreme Poverty, Magdalena Sepúlveda, A/HRC/14/31, 18 March 2010.

[64] Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, Doudou Diène, Mission to Japan, E/CN.4/2006/16/Add., 24 January 2006, paras. 91 and 56.

[65] Report of the Representative of the Secretary-General on the human rights of internally displaced persons, Walter Kälin Addendum, Mission to Colombia, A/HRC/4/38/Add.3, 24 January 2007, para. 83

[66] See Convention on the Rights of Persons with Disabilities, article 2, final paragraph.

States parties that accessibility should be ensured in order to allow the full exercise of those rights by older persons.[67]

g. The right to health and the right to adequate housing

The Human Rights Council resolution 15/22 requested the Special Rapporteur on the enjoyment of the highest attainable standard of physical and mental health to prepare a thematic study on the realization of the right to health of older persons, including the main existing challenges and best practices. This report is due for the eighteen session of the Human Rights Council (September 2011). The Special Rapporteur has requested contributions from States and other stakeholders for the preparation of this study.

He has recently held an expert consultation (7 April 2011) with a focus on the following issues: legal capacity and informed consent; access to health care and chronic illnesses; home support and institutional care; palliative care; and other rights relevant to the right to health of older persons. The discussion aimed at gathering and focusing expert opinions on the legal interpretation of the above issues and on strengthening the understanding of the relationship between the right to health and the rights of older persons more generally.

The former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health underscored the need for measures to ensure the enjoyment of human rights by older persons in relation to training of health professionals, to the design and implementation of national health systems compliant with a human rights based approach and finally in relation to pharmaceutical companies.[68]

Regarding the right to adequate housing, the former Special Rapporteur on adequate housing, developed Basic Principles and Guidelines on Development-based Evictions and Displacement calling for "[p]riority in housing and land allocation should be ensured to disadvantaged groups such as the elderly, children and persons with disabilities.[...] Impact assessments must take into account the differential impacts of forced evictions on women, children, the elderly, and marginalized sectors of society. All such assessments should be based on the collection of disaggregated data, such that all differential impacts can be appropriately identified and addressed. [69]

---

[67] See Committee on Economic, Social and Cultural Rights, General Comment No. 4, "The right to adequate housing", cit., para. 8 (e); General Comment No. 12, "The right to adequate food", cit., para. 13; General Comment No. 14, "The right to the highest attainable standard of health", cit., para. 12 (b); General Comment 15, "The right to water", cit., para. 12(c)(i); General Comment No. 21, "Right of everyone to participate in cultural life", E/C.12/GC/21, 21 December 2009, para. 16(b).

[68] Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Paul Hunt, A/HRC/7/11, 31 January 2008, para. 42.; A/63/263, 11 August 2008, Annex para. 5

[69] Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, Miloon Kothari, Basic Principles and Guidelines on Development-Based Evictions and Displacement, A/HRC/4/18, 5 February 2007, Annex I, paras. 31 and 33.

A/CONF.197/9



United Nations

Report of the Second World Assembly on Ageing

Madrid, 8-12 April 2002

A/CONF.197/9

Report of the Second World Assembly on Ageing

Madrid, 8-12 April 2002

United Nations • New York, 2002

Note

Symbols of United Nations documents are composed of capital letters combined with figures.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers.

A/CONF.197/9
United Nations publication
Sales No. E.02.IV.4
ISBN 92-1-130221-8

Contents

I. Resolutions adopted by the Assembly

Resolution 1*
Political Declaration and Madrid International Plan of Action on Ageing, 2002

The Second World Assembly on Ageing,

Having met in Madrid from 8 to 12 April 2002,

1. *Adopts* the Political Declaration and Madrid International Plan of Action on Ageing, 2002, which are annexed to the present resolution;

2. *Recommends* to the General Assembly that it endorse the Political Declaration and Madrid International Plan of Action on Ageing, 2002, as adopted by the Assembly.

Annex I

Political Declaration

Article 1

We, the representatives of Governments meeting at the Second World Assembly on Ageing in Madrid, have decided to adopt an International Plan of Action on Ageing, 2002 to respond to the opportunities and challenges of population ageing in the twenty-first century and to promote the development of a society for all ages. In the context of the Plan of Action, we are committed to actions at all levels, including national and international levels, on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

Article 2

We celebrate rising life expectancy in many regions of the world as one of humanity's major achievements. We recognize that the world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60 years and over will increase from 600 million to almost 2 billion and that the proportion of persons aged 60 years and over is expected to double from 10 to 21 per cent. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. This demographic transformation challenges all our societies to promote increased opportunities, in particular opportunities for older persons to realize their potential to participate fully in all aspects of life.

Article 3

We reiterate the commitments made by our heads of State and Governments at major United Nations conferences and summits, at their follow-up processes and in the Millennium Declaration with respect to the promotion of international and national environments that will foster a society for all ages. We furthermore reaffirm

* Adopted at the 10th plenary meeting, on 12 April 2002; for the discussion, see chap. V.

the principles and recommendations for action of the International Plan of Action on Ageing, endorsed by the United Nations General Assembly in 1982, and the United Nations Principles for Older Persons, adopted by the General Assembly in 1991, which provided guidance in areas of independence, participation, care, self-fulfilment and dignity.

Article 4

We emphasize that, in order to complement national efforts to fully implement the International Plan of Action on Ageing 2002, enhanced international cooperation is essential. We therefore encourage the international community to further promote cooperation among all actors involved.

Article 5

We reaffirm the commitment to spare no effort to promote democracy, strengthen the rule of law and promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the right to development. We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence.

Article 6

The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities: to empower men and women to reach old age in better health and with more fully realized well-being; to seek the full inclusion and participation of older persons in societies; to enable older persons to contribute more effectively to their communities and to the development of their societies; and to steadily improve care and support for older persons as they need it. We recognize that concerted action is required to transform the opportunities and the quality of life of men and women as they age and to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is embraced as an achievement, the reliance on human skills, experiences and resources of the higher age groups is naturally recognized as an asset in the growth of mature, fully integrated, humane societies.

Article 7

At the same time, considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people, particularly older persons in all countries and even entire regions, will remain marginalized from the global economy. For this reason, we recognize the importance of placing ageing in development agendas, as well as in strategies for the eradication of poverty and in seeking to achieve full participation in the global economy of all developing countries.

Article 8

We commit ourselves to the task of effectively incorporating ageing within social and economic strategies, policies and action while recognizing that specific policies will vary according to conditions within each country. We recognize the need to mainstream a gender perspective into all policies and programmes to take account of the needs and experiences of older women and men.

Article 9

We commit ourselves to protect and assist older persons in situations of armed conflict and foreign occupation.

Article 10

The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole.

Article 11

We emphasize the importance of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by, inter alia, national and international statistical organizations.

Article 12

The expectations of older persons and the economic needs of society demand that older persons be able to participate in the economic, political, social and cultural life of their societies. Older persons should have the opportunity to work for as long as they wish and are able to, in satisfying and productive work, continuing to have access to education and training programmes. The empowerment of older persons and the promotion of their full participation are essential elements for active ageing. For older persons, appropriate sustainable social support should be provided.

Article 13

We stress the primary responsibility of Governments in promoting, providing and ensuring access to basic social services, bearing in mind specific needs of older persons. To this end we need to work together with local authorities, civil society, including non-governmental organizations, the private sector, volunteers and voluntary organizations, older persons themselves and associations for and of older persons, as well as families and communities.

Article 14

We recognize the need to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. We reaffirm that the attainment of the highest possible level of health is a most important worldwide social goal, the realization of which requires action of many other social and economic sectors in addition to the health sector. We commit ourselves to providing older persons with universal and equal access to

health care and services, including physical and mental health services, and we recognize that the growing needs of an ageing population require additional policies, in particular care and treatment, the promotion of healthy lifestyles and supportive environments. We shall promote independence, accessibility and the empowerment of older persons to participate fully in all aspects of society. We recognize the contribution of older persons to development in their role as caregivers.

Article 15

We recognize the important role played by families, volunteers, communities, older persons organizations and other community-based organizations in providing support and informal care to older persons in addition to services provided by Governments.

Article 16

We recognize the need to strengthen solidarity among generations and intergenerational partnerships, keeping in mind the particular needs of both older and younger ones, and to encourage mutually responsive relationships between generations.

Article 17

Governments have the primary responsibility for providing leadership on ageing matters and on the implementation of the International Plan of Action on Ageing, 2002, but effective collaboration between national and local Governments, international agencies, older persons themselves and their organizations, other parts of civil society, including non-governmental organizations and the private sector is essential. The implementation of the International Plan of Action on Ageing, 2002 will require the partnership and involvement of many stakeholders: professional organizations; corporations; workers and workers organizations; cooperatives; research, academic and other educational and religious institutions; and the media.

Article 18

We underline the important role of the United Nations system, including the regional commissions, in assisting the Governments, at their request, in the implementation, follow-up and national monitoring of the International Plan of Action on Ageing, 2002, taking into account the differences in economic, social and demographic conditions existing among countries and regions.

Article 19

We invite all people in all countries from every sector of society, individually and collectively, to join in our dedication to a shared vision of equality for persons of all ages.

Annex II

Madrid International Plan of Action on Ageing, 2002

Contents

I. Introduction

1. The International Plan of Action on Ageing,[1] adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,[2] which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity.

2. The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050. This demographic triumph and the fast growth of the population in the first half of the twenty-first century mean that the number of persons over 60 will increase from about 600 million in 2000 to almost 2 billion in 2050 and the proportion of persons defined as older is projected to increase globally from 10 per cent in 1998 to 15 per cent in 2025. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. In Asia and Latin America, the proportion of persons classified as older will increase from 8 to 15 per cent between 1998 and 2025, although in Africa the proportion is only expected to grow from 5 to 6 per cent during the period but then doubling by 2050. In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the percentage will reach half that level. In Europe and North America, between 1998 and 2025 the proportion of persons classified as older will increase from 20 to 28 per cent and 16 to 26 per cent, respectively. Such a global demographic transformation has profound consequences for every aspect of individual, community, national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and spiritual.

3. The remarkable demographic transition under way will result in the old and the young representing an equal share of the world's population by mid-century. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent. In certain developed countries and countries with economies in transition, the number of older persons already

---

[1] See *Report of the World Assembly on Ageing, Vienna, 26 July to 6 August 1982* (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

[2] General Assembly resolution 46/91, annex.

exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050. In developed countries the average of 71 men per 100 women is expected to increase to 78. In the less developed regions, older women do not outnumber older men to the same extent as in the developed regions, since gender differences in life expectancy are generally smaller. Current sex ratios in developing countries average 88 men per 100 women among those 60 and older, and are projected to change slightly to 87 by mid-century.

4. Population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. This demographic shift presents a major resource challenge. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing.

5. There are other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas. Although further study is needed on the relationship between ageing and urbanization, the trends suggest that in the future in rural areas of many developing countries there will be a larger population of older persons.

6. Significant differences also exist between developed and developing countries in terms of the kinds of households in which older persons live. In developing countries a large proportion of older persons live in multigenerational households. These differences imply that policy actions will be different in developing and developed countries.

7. The fastest growing group of the older population is the oldest old, that is, those who are 80 old years or more. In 2000, the oldest old numbered 70 million and their numbers are projected to increase to more than five times that over the next 50 years.

8. Older women outnumber older men, increasingly so as age increases. The situation of older women everywhere must be a priority for policy action Recognizing the differential impact of ageing on women and men is integral to ensuring full equality between women and men and to the development of effective and efficient measures to address the issue. It is therefore critical to ensure the integration of a gender perspective into all policies, programmes and legislation.

9. It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broader life course and a society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits.

10. The International Plan of Action on Ageing, 2002 calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled. Many older persons do age with security and dignity, and also empower themselves to participate within their families and communities. The aim of the International Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognizes the many different stages of development and the transitions that are taking place in various regions, as well as the interdependence of all countries in a globalizing world.

11. A society for all ages, which was the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life.

12. The major United Nations conferences and summits and special sessions of the General Assembly and review follow-up processes have set goals, objectives and commitments at all levels intended to improve the economic and social conditions of everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development. There are a number of central themes running through the International Plan of Action on Ageing, 2002 linked to these goals, objectives and commitments, which include:

(a) The full realization of all human rights and fundamental freedoms of all older persons;

(b) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;

(c) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work;

(d) Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life, through, for example, access to lifelong learning and participation in the community while recognizing that older persons are not one homogenous group;

(e) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons;

(f) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination;

(g) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;

(h) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care;

(i) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action;

(j) Harnessing of scientific research and expertise and realizing the potential of technology to focus on, inter alia, the individual, social and health implications of ageing, in particular in developing countries;

(k) Recognition of the situation of ageing indigenous persons, their unique circumstances and the need to seek means to give them an effective voice in decisions directly affecting them.

13. The promotion and protection of all human rights and fundamental freedoms, including the right to development, is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. Combating discrimination based on age and promoting the dignity of older persons is fundamental to ensuring the respect that older persons deserve. Promotion and protection of all human rights and fundamental freedoms is important in order to achieve a society for all ages. In this, the reciprocal relationship between and among generations must be nurtured, emphasized and encouraged through a comprehensive and effective dialogue.

14. The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems, formal and informal, that underpin the quality of well-being throughout the life course.

15. Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights. Whereas specific policies will vary according to country and region, population ageing is a universal force that has the power to shape the future as much as globalization. It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking calls us to embrace the potential of the ageing population as a basis for future development.

II. Recommendations for action

A. Priority direction I: Older persons and development

16. Older persons must be full participants in the development process and also share in its benefits. No individual should be denied the opportunity to benefit from development. The impact of population ageing on the socio-economic development of society, combined with the social and economic changes taking place in all countries, engender the need for urgent action to ensure the continuing integration and empowerment of older persons. In addition, migration, urbanization, the shift from extended to smaller, mobile families, lack of access to technology that promotes independence and other socio-economic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support.

17. Whereas development can benefit all sectors of society, sustained legitimacy of the process requires the introduction and maintenance of policies that ensure the equitable distribution of the benefits of economic growth. One of the principles in the Copenhagen Declaration on Social Development[3] and Programme of Action[4] adopted at the World Summit for Social Development is the creation of a framework by Governments to fulfil their responsibility for present and future generations by ensuring equity across the generations. Furthermore, the Millennium Summit affirmed the long-term imperative of eradicating poverty and fulfilling the social and humanitarian goals set up by the global conferences of the 1990s.

18. The attention of policy makers has been seized by the simultaneous need to adjust to the effects of an ageing labour force while improving labour productivity and competitiveness and also ensuring the sustainability of social protection systems. Where appropriate, multifaceted reform strategies should be implemented in order to place pension systems on a sound financial footing.

Issue 1: Active participation in society and development

19. A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized.

20. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal well-being.

---

[3] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annex I.

[4] Ibid., annex II.

Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions.

21. **Objective 1: Recognition of the social, cultural, economic and political contribution of older persons.**

Actions

(a) Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination;

(b) Acknowledge, encourage and support the contribution of older persons to families, communities and the economy;

(c) Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning;

(d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential;

(e) Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering;

(f) Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work;

(g) Older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution;

(h) Take account of the needs of older persons and respect the right to live in dignity at all stages of life;

(i) Promote a favourable attitude among employers regarding the productive capacity of older workers as being conducive to their continued employment and promote awareness of their worth, including their self-awareness, in the labour market;

(j) Promote civic and cultural participation as strategies to combat social isolation and support empowerment.

22. **Objective 2: Participation of older persons in decision-making processes at all levels.**

Actions

(a) Take into account the needs and concerns of older persons in decision-making at all levels;

(b) Encourage, when they do not already exist, the establishment of organizations of older persons at all levels to, inter alia, represent older persons in decision-making;

(c) Take measures to enable the full and equal participation of older persons, in particular older women, in decision-making at all levels.

Issue 2: Work and the ageing labour force

23. Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively. Unemployment, underemployment and labour market rigidities often prevent this, thus restricting opportunities for individuals and depriving society of their energies and skills. Implementation of commitment 3 of the Copenhagen Declaration on Social Development[3] on promoting the goal of full employment is fundamentally important for these very reasons, as are the strategies and policies outlined in the Programme of Action[4] of the World Summit and the further initiatives for growth of employment recommended by the twenty-fourth special session of the General Assembly.[5] There is a need to increase awareness in the workplace of the benefits of maintaining an ageing work force.

24. In developing countries and countries with economies in transition, most persons who are now old and who work are engaged in the informal economy, which often deprives them of the benefits of adequate working conditions and social protection provided by the formal sector economy. The life expectancy in many developed countries and countries with economies in transition exceeds the established retirement or pension age. In these countries, moreover, fewer persons are entering the labour market because of the decrease in the birth rate; this trend is often accompanied by age discrimination. Labour shortages are likely to occur resulting from the decline in the pool of young persons entering the labour market, the ageing workforce and the tendency towards early retirement. In this context, policies to extend employability, such as flexible retirement new work arrangements, adaptive work environments and vocational rehabilitation for older persons with disabilities are essential and allow older persons to combine paid employment with other activities.

25. Factors affecting older women in the labour market deserve special attention, in particular those factors that affect women’s engagement in paid work, including lower salaries, lack of career development due to interrupted work histories, family care obligations and their ability to build pensions and other resources for their retirement. A lack of family-friendly policy regarding the organization of work can increase these difficulties. Poverty and low income during women’s earning years can often lead to poverty in old age. An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace.

26. In addressing the goal of employment for all, it must be recognized that the continued employment of older workers need not reduce labour market opportunities for younger persons and can provide an ongoing and valuable contribution to the improvement of national economic performance and output for the benefit of all members of society. The overall economy can also benefit from other plans to use the experience and skills of older workers to train younger and newer employees.

27. Where potential labour shortages exist, major changes in existing incentive structures may be needed in order to encourage more workers to willingly defer full retirement and continue to be employed, whether as part-time or as full-time

[5] See General Assembly resolution S-24/2, annex.

employees. Human resources management practices and policies should take into account and address some of the specific needs of older employees. Appropriate adjustments may be needed to the workplace environment and working conditions to ensure that older workers have skills, health and capacity to remain employed into their later years. This suggests that employers, workers organizations and human resource personnel should pay closer attention to emerging workplace practices, both domestic and international, that might facilitate the retention and productive fulfilment of older workers in the workforce.

28. **Objective 1: Employment opportunities for all older persons who want to work.**

Actions

(a) Place employment growth at the heart of macroeconomic policies, for example by ensuring that labour market policies aim to foster high rates of growth in production and employment for the benefit of persons of all ages;

(b) Enable older persons to continue working as long as they want to work and are able to do so;

(c) Take action to increase participation in the labour market of the working age population and to reduce the risk of exclusion or dependency in later life. This action is to be promoted through the implementation of policies such as: increasing older women's participation; sustainable work-related health-care services with emphasis on prevention, promotion of occupational health and safety so as to maintain work ability; access to technology, life-long learning, continuing education, on-the-job training, vocational rehabilitation and flexible retirement arrangements; and efforts to reintegrate the unemployed and persons with disabilities into the labour market;

(d) Make special efforts to raise the participation rate of women and disadvantaged groups, such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life;

(e) Promote self-employment initiatives for older persons, inter alia, by encouraging the development of small and microenterprises and by ensuring access to credit for older persons, without discrimination, in particular gender discrimination;

(f) Assist older persons already engaged in informal sector activities by improving their income, productivity and working conditions;

(g) Eliminate age barriers in the formal labour market by promoting the recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment;

(h) Promote, as appropriate, a new approach to retirement that takes account of the needs of the employees as well as the employers, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights. Possible measures to achieve this goal may include reducing the incentives and pressures for early retirement and removing disincentives to working beyond retirement age;

(i) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, persons with disabilities and persons with chronic diseases, including HIV/AIDS, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care-giving responsibilities;

(j) Remove disincentives to working beyond retirement age, for example through protecting acquired pension rights, disability benefit rights and health benefits from being affected by delayed retirement age;

(k) Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes;

(l) Support workers in making informed decisions about the potential financial, health and other impacts of a longer participation in the workforce;

(m) Promote a realistic portrait of older workers' skills and abilities by correcting damaging stereotypes about older workers or job candidates;

(n) Take into account the interests of older workers when policy or decision makers approve business mergers so that they are not subject to greater disadvantages, reduction of benefits or loss of employment than are their younger counterparts.

Issue 3: Rural development, migration and urbanization

29. In many developing countries and countries with economies in transition, the ageing population is marked in rural areas, owing to the exodus of young adults. Older persons may be left behind without traditional family support and even without adequate financial resources. Policies and programmes for food security and agricultural production must take into account the implications of rural ageing. Older women in rural areas are particularly vulnerable economically, especially when their role is restricted to non-remunerated work for family upkeep and they are dependent on others for their support and survival. Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources.

30. Despite restrictions on legal international migration, migration flows have increased internationally. In developing countries and countries with economies in transition, economic support, including remittances from children abroad, is often a vital lifeline to older persons and through them to their communities and local economies. As international migrants from earlier decades grow older, some Governments are seeking to assist older migrants.

31. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization and exclusion, in particular if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic

autonomy and little physical and social care from family members who must earn their living outside the home.

32. **Objective 1: Improvement of living conditions and infrastructure in rural areas.**

Actions

(a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies;

(b) Encourage the establishment and revitalization of small-scale enterprises by providing funding or support for income-generating projects and rural cooperatives and by widening economic diversification;

(c) Foster the development of local financial services, including microcredit schemes and microfinance institutions, in underserved rural areas in order to encourage investment;

(d) Promote ongoing adult education, training and retraining in rural and remote areas;

(e) Connect rural and remote populations to the knowledge-based economy and society;

(f) Ensure that the rights of older women in rural and remote areas are taken into account with regard to their equal access to and control of economic resources;

(g) Encourage appropriate social protection/social security measures for older persons in rural and remote areas;

(h) Ensure equal access to basic social services for older persons in rural and remote areas.

33. **Objective 2: Alleviation of the marginalization of older persons in rural areas.**

Actions

(a) Design and implement programmes and provide services to sustain the independence of older persons in rural areas, including older persons with disabilities;

(b) Facilitate and strengthen traditional rural and community support mechanisms;

(c) Focus support on older persons in rural areas without kin, in particular older women who face a longer old age, often with fewer resources;

(d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services;

(e) Promote innovative rural and community support mechanisms, including those that facilitate the exchange of knowledge and experience among older persons.

34. **Objective 3: Integration of older migrants within their new communities.**

Actions

(a) Encourage supportive social networks for older migrants;

(b) Design measures to assist older migrants to sustain economic and health security;

(c) Develop community-based measures to prevent or offset the negative consequences of urbanization, such as the establishment of centres for older persons;

(d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired;

(e) Assist families to share accommodation with older family members who desire it;

(f) Develop policies and programmes that facilitate, as appropriate, and as consistent with national laws, the integration of older migrants into the social, cultural, political and economic life of countries of destination and encourage respect for those migrants;

(g) Remove linguistic and cultural barriers when providing public services to older migrants.

Issue 4: Access to knowledge, education and training

35. Education is a crucial basis for an active and fulfilling life. At the Millennium Summit, a commitment was made to ensure that, by 2015, all children complete a full course of primary schooling. A knowledge-based society requires that policies be instituted to ensure lifelong access to education and training. Continuing education and training are essential to ensure the productivity of both individuals and nations.

36. At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and well-being. In all countries lifelong education and training is also a prerequisite for the participation of older persons in employment.

37. A workplace with a diverse age distribution creates an environment where individuals can share skills, knowledge and experience. This kind of mutual training can be formalized in collective agreements and policies or left to informal practices.

38. Older persons facing technological change without education or training can experience alienation. Increased access to education at a younger age will benefit persons as they grow older, including in coping with technological change. Despite such access, however, illiteracy continues to remain high in many areas of the world. Technology can be used to bring persons together and thereby contribute to the reduction of marginalization, loneliness and segregation between the ages. Measures that enable older persons to have access to, take part in and adjust to technological changes should therefore be taken.

39. Training, retraining and education are important determinants of a worker's ability to perform and adapt to workplace changes. Technological and organizational changes may render an employee's skills obsolete and dramatically depreciate the value attached to previously accumulated work experience. Greater emphasis on

access to knowledge, education and training opportunities is needed for older persons in the workforce. These persons often experience more difficulties adapting to technological and organizational changes than younger workers, in particular when considering the increasingly widespread use of information technologies.

40. **Objective 1: Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.**

Actions

(a) Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;

(b) Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities;

(c) Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement;

(d) Ensure that the benefits of new technologies, especially information and communication technologies, are available to all, taking into account the needs of older women;

(e) Develop and disseminate user-friendly information to assist older persons to respond effectively to the technological demands of everyday life;

(f) Encourage the design of computer technology and print and audio materials that take into account the changes in the physical abilities and the visual capacity of older persons;

(g) Encourage further research to better determine the relationship between training and productivity so as to clearly demonstrate to both employers and employees the benefits of continuous training and education of older persons;

(h) Raise the awareness of employers and workers organizations of the value of retraining of older workers, particularly women.

41. **Objective 2: Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age.**

Actions

(a) Consider measures to fully utilize the potential and expertise of older persons in education;

(b) Provide opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies;

(c) Enable older persons to act as mentors, mediators and advisers;

(d) Encourage and support traditional and non-traditional multigenerational mutual assistance activities with a clear gender perspective in the family, the neighbourhood and the community;

(e) Encourage older volunteers to offer their skills in all fields of activities, in particular information technologies;

(f) Encourage the utilization of the social, cultural and educational knowledge and potential of older persons.

Issue 5: Intergenerational solidarity

42. Solidarity between generations at all levels — in families, communities and nations — is fundamental for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.

43. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons.

44. **Objective 1: Strengthening of solidarity through equity and reciprocity between generations.**

Actions

(a) Promote understanding of ageing through public education as an issue of concern to the entire society;

(b) Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion;

(c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource;

(d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation;

(e) Consider the need to address the specific situation of the generation of people who have to care, simultaneously, for their parents, their own children and their grandchildren;

(f) Promote and strengthen solidarity among generations and mutual support as a key element for social development;

(g) Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

Issue 6: Eradication of poverty

45. The struggle against poverty among older persons, aiming towards its eradication, is a fundamental aim of the International Plan of Action on Ageing. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty.

46. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, female-headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty. Special social protection measures are required to address feminization of poverty, in particular among older women.

47. Older persons with disabilities are also at greater risk of poverty than the non-disabled older persons partly because of workplace discrimination, including employer discrimination, and the absence of workplace accommodation of their needs.

48. **Objective 1: Reduction of poverty among older persons.**

Actions

(a) Reduce the proportion of persons living in extreme poverty by one half by 2015;

(b) Include older persons in policies and programmes to reach the poverty reduction target;

(c) Promote equal access for older persons to employment and income-generation opportunities, credit, markets and assets;

(d) Ensure that the particular needs of older women, the oldest old, older persons with disabilities and those living alone are specifically addressed in poverty eradication strategies and implementation programmes;

(e) Develop, as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender;

(f) Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty;

(g) Enhance international cooperation to support national efforts to eradicate poverty, in keeping with internationally agreed goals, in order to achieve sustainable social and economic support for older persons;

(h) Strengthen the capacity of developing countries to address the obstacles that hinder their participation in an increasingly globalized economy in order to assist them in their efforts to eradicate poverty, in particular among older persons.

Issue 7: Income security, social protection/social security and poverty prevention

49. Income security and social protection/social security measures, whether contributory or not, include informal as well as highly structured schemes. They are part of a foundation for economic prosperity and social cohesion.

50. Globalization, structural adjustment programmes, fiscal constraints and a growing older population are often perceived as exerting pressure on formal social protection/social security systems. Sustainability in the provision of adequate income security is of great importance. In developing countries with limited coverage formal systems of social protection/social security, populations are vulnerable to market shocks and individual misfortunes that strain informal family support. In countries with economies in transition, economic transformations have impoverished whole segments of the population, in particular older persons and many families with children. Where it has occurred, hyperinflation has rendered pensions, disability insurance, health benefits and savings almost worthless.

51. Appropriate social protection/social security measures are required to address the feminization of poverty, in particular among older women.

52. **Objective 1: Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.**

Actions

(a) Develop and implement policies aimed at ensuring that all persons have adequate economic and social protection during old age;

(b) Strive to ensure gender equality in social protection/social security systems;

(c) Ensure, where appropriate, that social protection/social security systems cover an increasing proportion of the formal and informal working population;

(d) Consider innovative social protection/social security programmes for persons working in the informal sector;

(e) Introduce programmes to promote employment of low-skilled older workers, giving access to social protection/social security systems;

(f) Strive to ensure the integrity, sustainability, solvency and transparency of pension schemes, and, where appropriate, disability insurance;

(g) Establish a regulatory framework for private and supplementary pension and, where appropriate, disability insurance;

(h) Provide advice and counselling services for older persons regarding all areas of social protection/social security.

53. **Objective 2: Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups.**

Actions

(a) Consider establishing where appropriate, a non-contributory pension system and disability benefit system;

(b) Organize, as a matter of urgency where they do not exist, social protection/social security systems to ensure minimum income for older persons with no other means of support, most of whom are women, in particular those living alone and who tend to be more vulnerable to poverty;

(c) Take into account the living standards of older persons whenever pension systems and disability insurance, as appropriate, are being reformed;

(d) Take measures to counteract the effects of hyperinflation on, as appropriate, pension, disability insurance and savings arrangements;

(e) Invite international organizations, in particular the international financial institutions, according to their mandates, to assist developing countries and all countries in need in their efforts to achieve basic social protection, in particular for older persons.

Issue 8: Emergency situations

54. In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.

55. **Objective 1: Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies.**

Actions

(a) Take concrete measures to protect and assist older persons in situations of armed conflict and foreign occupation, including through the provision of physical and mental rehabilitation services for those who are disabled in these situations;

(b) Call upon Governments to protect, assist and provide humanitarian assistance and humanitarian emergency assistance to older persons in situations of internal displacement in accordance with General Assembly resolutions;

(c) Locate and identify older persons in emergency situations and ensure inclusion of their contributions and vulnerabilities in needs assessment reports;

(d) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements;

(e) Aim to ensure that appropriate services are available, that older persons have physical access to them and that they are involved in planning and delivering services as appropriate;

(f) Recognize that older refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support and aim to ensure that they have physical access to such services;

(g) Make explicit reference to, and design national guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods;

(h) Assist older persons to re-establish family and social ties and address their post-traumatic stress;

(i) Following disasters, put in place mechanisms to prevent the targeting and financial exploitation of older persons by fraudulent opportunists;

(j) Raise awareness and protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the specific risks faced by women;

(k) Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, inter alia, by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old;

(l) Enhance international cooperation, including burden-sharing and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post-conflict situations in ways that would be supportive of recovery and long-term development.

56. **Objective 2: Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.**

Actions

(a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons;

(b) Recognize the potential of older persons as leaders in the family and community for education, communication and conflict resolution;

(c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income generation, educational programmes and occupational activities, taking into account the special needs of older women;

(d) Provide legal advice and information to older persons in situations of displacement and dispossession of land and other productive and personal assets;

(e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies;

(f) Share and apply, as appropriate, lessons learned from practices that have successfully utilized the contributions of older persons in the aftermath of emergencies.

B. Priority direction II: Advancing health and well-being into old age

57. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies. The full benefits of healthy longevity have yet to be shared by all humanity, evidenced by the fact that entire countries, especially developing countries and certain population groups, still experience high rates of morbidity and mortality at all ages.

58. Older persons are fully entitled to have access to preventive and curative care, including rehabilitation and sexual health care. Full access for older persons to health care and services, which include disease prevention, involves recognition that health promotion and disease prevention activities throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities. The health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population.

59. The World Health Organization defines health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed. The responsibility of individuals is to maintain a healthy lifestyle; the responsibility of Government is to create a supportive environment that enables the advancement of health and well-being into old age. For both humanitarian and economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other groups. At the same time, health services designed to meet the special needs of the older population must be available, taking into account the introduction of geriatric medicine in relevant university curricula and health-care systems, as appropriate. In addition to Governments, there are other important actors, in particular non-governmental organizations and families, which provide support for individuals in maintaining a healthy lifestyle while cooperating closely with Governments in creating a supportive environment.

60. An epidemiological transition is now under way in all regions of the world, indicating a shift in predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries and countries with economies in transition are, however, confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases.

61. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability levels associated with old age and effect budgetary savings.

Issue 1: Health promotion and well-being throughout life

62. Health promotion encourages persons to monitor and improve their own health. The basic strategies for health promotion were laid down in the Ottawa Charter for Health Promotion (1986).[6] Goals of increasing the healthy lifespan, improving the quality of life for all, reducing mortality and morbidity rates and increasing life expectancy were set at the International Conference on Population and Development (1994).[7] These goals can be more effectively achieved through implementation of actions recommended by the World Health Organization to improve both public health and access to adequate health care.

63. Health promotion activities and equal access of older persons to health care and services that include disease prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability and providing treatment, as well as on improving the functioning and quality of life of older persons who already have disabilities.

64. Maintaining and enhancing health status requires more than specific actions to affect individual health. Health is strongly influenced by environmental, economic and social determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender. Improvements in the economic and social situation of older persons will result in improvements in their health as well. Despite improvements in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic, physical and psychological well-being in their later years.

65. Children and older persons are more susceptible to various forms of environmental pollution than individuals in the intermediate ages and are more likely to be affected by even the lowest pollution levels. Medical conditions due to environmental pollution reduce productivity and affect quality of life of persons as they age. Malnutrition and poor nutrition also place older persons at disproportionate risk and can adversely affect their health and vitality. The leading causes of disease, disability and mortality in older persons can be alleviated through health promotion and disease prevention measures that focus, inter alia, on nutrition, physical activity and cessation of smoking.

66. **Objective 1: Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age.**

Actions

(a) Give priority to poverty eradication policies to, inter alia, improve the health status of older persons, in particular the poor and marginalized;

---

[6] WHO/HPR/HEP/95.1.

[7] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

(b) Ensure, as appropriate, conditions that enable families and communities to provide care and protection to persons as they age;

(c) Set targets, in particular gender-specific targets, to improve the health status of older persons and reduce disability and mortality;

(d) Identify and address the main environmental and socio-economic factors that contribute to the onset of disease and disability in later life;

(e) Focus on the major known risks arising from unhealthy diet, physical inactivity and other unhealthy behaviours, such as smoking and alcohol abuse, in health promotion, health education, prevention policies and information campaigns;

(f) Take comprehensive action to prevent the abuse of alcohol, to reduce the use of tobacco products and involuntary exposure to tobacco smoke in promoting the cessation of tobacco use at all ages;

(g) Set in place and implement legal and administrative measures and organize public information and health promotion, including campaigns to reduce the exposure to environmental pollutants from childhood and throughout life;

(h) Promote the safe use of all medications and minimize the misuse of prescription drugs through regulatory and education measures with the participation of the industry and professional sectors involved.

67. **Objective 2: Development of policies to prevent ill-health among older persons.**

Actions

(a) Design early interventions to prevent or delay the onset of disease and disability;

(b) Promote adult immunization programmes as a preventive measure;

(c) Ensure that gender-specific primary prevention and screening programmes are available and affordable to older persons;

(d) Provide training and incentives for health and social service and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care;

(e) Pay attention to the dangers arising from social isolation and mental illness and reduce the risk they pose to the health of older persons by supporting community empowerment and mutual aid groups, including peer outreach and neighbourhood visiting programmes and by facilitating the active participation of older persons in voluntary activities;

(f) Promote civic and cultural participation of older persons as strategies to combat social isolation and support empowerment;

(g) Rigorously implement and reinforce, where applicable, national and international safety standards that aim at preventing injuries at all ages;

(h) Prevent unintentional injuries by developing a better understanding of their causes and by undertaking measures to safeguard pedestrians, implementing fall prevention programmes, minimizing hazards, including fire hazard in the home, and providing safety advice;

(i) Develop statistical indicators at all levels on common diseases in older persons to guide policies aimed at preventing further illness in this age group;

(j) Encourage older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport.

68. **Objective 3: Access to food and adequate nutrition for all older persons.**

Actions

(a) Promote equal access to clean water and safe food for older persons;

(b) Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure;

(c) Promote lifelong healthy and adequate nutrition from infancy, with particular attention to ensuring that specific nutritional needs of men and women throughout the life course are met;

(d) Encourage a balanced diet to provide adequate energy and prevent macro- and micro-nutrient deficiency, preferably based on local foods through, inter alia, developing national dietary goals;

(e) Pay particular attention to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;

(f) Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals;

(g) Promote affordable dental services to prevent and treat disorders that can impede eating and cause malnutrition;

(h) Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals;

(i) Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.

Issue 2: Universal and equal access to health-care services

69. Investing in health care and rehabilitation for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care[8] for older persons suffering painful or incurable illness or disease. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.

---

[8] The definition of palliative care, based on the World Health Organization, is active total care of patients whose disease is not responsive to curative treatment, namely by controlling pain and other symptoms of the disease and offering psychological, social and spiritual support to patients and their families.

70. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health-care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.

71. We recognize the gravity of the public health problems afflicting many developing countries and least developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics. We stress the need for the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights to be part of the wider national and international action to address these problems.

72. Intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices. We agree that the Agreement on Trade-Related Aspects of Intellectual Property Rights does not and should not prevent Member States from taking measures to protect public health. Accordingly, while reiterating our commitment to the Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right of Governments to protect public health and, in particular, to promote access to medicines for all.

73. Governments have the primary responsibility for setting and monitoring standards of health care as well as providing health care for all ages. Partnerships among Governments, civil society, including non-governmental and community-based organizations, and the private sector constitute valuable contributions to the services and the care for older persons. It is crucial, however, to recognize that services provided by families and communities cannot be a substitute for an effective public health system.

74. **Objective 1: Elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to health care.**

Actions

(a) Take measures to ensure equal distribution of health and rehabilitation resources to older persons and, in particular, increase access for these resources for older persons who are poor and promote their distribution to poorly served areas, such as rural and remote areas, including affordable access to essential medications and other therapeutic measures;

(b) Promote equal access to care for older persons who are poor, as well as for those who live in rural or remote areas by, inter alia, the reduction or elimination of user fees, provisions of insurance schemes and other financial support measures;

(c) Promote affordable access to essential medications and other therapeutic measures;

(d) Educate and empower older persons in the effective use and selection of health and rehabilitation services;

(e) Implement international obligations to ensure the access of older persons to primary health care without discrimination based on age or other forms of discrimination;

(f) Enhance the access of older persons to primary health care and take steps to eliminate discrimination in health care based on age and other forms of discrimination;

(g) Utilize technology such as telemedicine, where available, and distance learning to reduce geographical and logistical limitations in access to health care in rural areas.

75. **Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process.**

Actions

(a) Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons;

(b) Support local communities in providing health support services to older persons;

(c) Include traditional medicine in primary health-care programmes where appropriate and beneficial;

(d) Train primary health-care workers and social workers in basic gerontology and geriatrics;

(e) Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially pharmaceutical enterprises, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research.

76. **Objective 3: Development of a continuum of health care to meet the needs of older persons.**

Actions

(a) Develop regulatory mechanisms at appropriate levels to set suitable standards of health care and rehabilitation for older persons;

(b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;

(c) Improve the coordination of primary health care, long-term care and social services and other community services;

(d) Support the provision of palliative care[8] and its integration into comprehensive health care. To this end, develop standards for training and palliative care[8] and encourage multidisciplinary approaches for all service providers of palliative care;

(e) Promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care,[8] so that resources can be deployed flexibly to meet the variable and changing health needs of older persons;

(f) Develop specialized gerontological services and improve coordination of their activities with primary health-care and social care services.

77. **Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services.**

Actions

(a) Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes;

(b) Encourage health and social care providers to fully include older persons in decision-making related to their own care;

(c) Promote self-care in older persons and maximize their strengths and abilities within health and social services;

(d) Integrate the needs and perceptions of older persons in the shaping of health policy.

Issue 3: Older persons and HIV/AIDS

78. HIV/AIDS diagnosis among older persons is difficult because symptoms of infection can be mistaken for other immunodeficiency syndromes that occur in older persons. Older persons can be at increased risk of HIV infection merely because they are typically not addressed by public information campaigns and thus do not benefit from education on how to protect themselves.

79. **Objective 1: Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members.**

Actions

(a) Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons;

(b) Pay special attention to older carers of HIV/AIDS patients, including the collection of both quantitative and qualitative data on the health status and needs of older carers.

---

[8] The definition of palliative care, based on the World Health Organization, is active total care of patients whose disease is not responsive to curative treatment namely by controlling pain and other symptoms of the disease and offering psychological, social and spiritual support to patients and their families.

80. **Objective 2: Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers.**

Actions

(a) Revise, as appropriate, public health and prevention strategies to reflect local epidemiology. Information on prevention and risks of HIV/AIDS for the general population should meet the needs of older persons;

(b) Provide training to older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being;

(c) Ensure that AIDS treatment and support strategies recognize the needs of older persons who are infected by HIV/AIDS.

81. **Objective 3: Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents.**

Actions

(a) Review the economic impact of HIV/AIDS on older persons, particularly in their role as caregivers, as agreed in the Declaration of Commitment on HIV/AIDS;[9]

(b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration;[10]

(c) Foster collaboration between governmental agencies and non-governmental organizations that work with children, youth and older persons on HIV/AIDS issues;

(d) Encourage the elaboration of studies to better understand and highlight the contribution of older persons to social and economic development in all countries, in particular those countries severely affected by HIV/AIDS, and disseminate the findings as widely as possible.

Issue 4: Training of care providers and health professionals

82. There is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons.

83. **Objective 1: Provision of improved information and training for health professionals and para-professionals on the needs of older persons.**

---

[9] General Assembly resolution S-26/2, annex.

[10] General Assembly resolution 55/2.

Actions

(a) Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including in gerontology and geriatrics, and support all countries, in particular developing countries, in these efforts;

(b) Provide health-care and social-care professionals with continuing education programmes, with a view to an integrated approach of health, well-being and care of older persons as well as the social and psychological aspects of ageing;

(c) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology.

Issue 5: Mental health needs of older persons

84. Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Various losses and life changes can often lead to an array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate treatment, or no treatment, and/or clinically unnecessary institutionalization.

85. Strategies to cope with such diseases include medication, psychosocial support, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care.

86. **Objective 1: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons.**

Actions

(a) Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers;

(b) Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage. Research on these disorders should be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers;

(c) Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for as long as possible and to respond to their health needs;

(d) Develop programmes to support self-help and provide respite care for patients, families and other carers;

(e) Develop psychosocial therapy programmes to assist in reintegration of patients discharged from hospitals;

(f) Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization;

(g) Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disorders;

(h) Promote public information about the symptoms, treatment, consequences and prognosis of mental diseases;

(i) Provide mental health services to older persons residing in long-term care facilities;

(j) Provide ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression.

Issue 6: Older persons and disabilities

87. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to, inter alia, gender differences in life expectancy and disease susceptibility and gender inequalities over the life course.

88. The effects of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities, which may result in lowered expectations of their abilities, and in social policies that do not allow them to reach their full potential.

89. Enabling interventions and environments supportive of all older persons are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes.

90. **Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities.**

Actions

(a) Ensure that the agendas of national policy and programme coordination agencies dealing with disabilities include attention to issues concerning older persons with disabilities;

(b) Develop, as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and prevention of disabilities, taking health, environmental and social factors into account;

(c) Provide physical and mental rehabilitation services for older persons with disabilities;

(d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course;

(e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities;

(f) Encourage the development of housing options for older persons with disabilities that reduce barriers to and encourage independence and, where possible,

make public spaces, transportation and other services, as well as commercial premises and services used by the general public accessible to them;

(g) Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society;

(h) Promote, in accordance with applicable international law, including international agreements acceded to, the accessibility for all, without discrimination, including the most vulnerable sectors of the population, to pharmaceuticals or medical technologies, as well as their affordability for all, including disadvantaged groups;

(i) Encourage and facilitate the establishment of self-help organizations of older persons with disabilities and their caregivers;

(j) Encourage employer receptivity to older persons with disabilities who remain productive and capable of paid or volunteer work.

C. Priority direction III: Ensuring enabling and supportive environments

91. The promotion of an enabling environment for social development was one of the central goals agreed at the World Summit for Social Development. It was renewed and strengthened at the twenty-fourth special session of the General Assembly on social development. The commitment included essential framework conditions such as: participatory, transparent and accountable political systems, as well as good governance at the national and international levels, as established in the Millennium Declaration; recognition of the universal indivisible interdependent and interrelated nature of all human rights; increased external assistance to developing countries through official development assistance and debt relief; recognition of the important interaction between environmental, economic and social policies; improved access for developing countries and countries with economies in transition to the markets of the developed countries; and reduction of the negative impact of international financial turbulence. Realization of these and other aspects of an enabling environment and the economic growth and social development to which they contribute will make possible the achievement of the goals and policies agreed upon in the present International Plan of Action.

92. The mobilization of domestic and international resources for social development is an essential component for the implementation of the International Plan of Action on Ageing, 2002. Since 1982, reforms to promote the effective and efficient utilization of existing resources have received increasing attention. However, inadequate national revenue generation and collection, combined with new challenges regarding social services and social protection systems arising from demographic changes and other factors, jeopardize the financing of social services and social protection systems in many countries. There is also greater acceptance of the view that the increasing debt burden faced by the most indebted developing countries is unsustainable and constitutes one of the principal obstacles to achieving progress in people-centred sustainable development and poverty eradication. For many developing countries, as well as countries with economies in transition,

excessive debt servicing has severely constrained their capacity to promote social development and provide basic services.

93. We note with concern current estimates of dramatic shortfalls in resources required to achieve the internationally agreed development goals, including those contained in the Millennium Declaration. Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, demands a new partnership between developed and developing countries. We commit ourselves to sound policies, good governance at all levels and the rule of law. We also commit ourselves to mobilizing domestic resources, attracting international flows, promoting international trade as an engine for development, increasing international financial and technical cooperation for development, sustainable debt financing and external debt relief and enhancing the coherence and consistency of the international monetary, financial and trading systems.

94. The commitments to strengthen policies and programmes to create inclusive, cohesive societies for all — women and men, children, young and older persons — are also essential. Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities. While some older persons need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive, including through voluntary activities. Policies are required that empower older persons and support their contribution to society. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments must play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves.

Issue 1: Housing and the living environment

95. Housing and the surrounding environment are particularly important for older persons, inclusive of factors such as: accessibility and safety; the financial burden of maintaining a home; and the important emotional and psychological security of a home. It is recognized that good housing can promote good health and well-being. It is also important that older persons are provided, where possible, with an adequate choice of where they live, a factor that needs to be built into policies and programmes.

96. In developing countries, and some countries with economies in transition, rapid demographic ageing is taking place in a context of continuing urbanization and a growing number of persons who are ageing in urban areas lack affordable housing and services. At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family. Left alone, they are often without adequate transportation and support systems.

97. In developed countries, the built environment and adequate transportation for older persons are also a growing concern. Housing developments are typically designed for young families who have their own transport. Transportation is problematic in rural areas because older persons rely more on public transport as they age and it is often inadequate in rural areas. In addition, some older persons may continue to live in houses that they are unable to maintain after their children have moved out or after a spouse has died.

98. **Objective 1**: **Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons**.

Actions

(a) Promote the development of age-integrated communities;

(b) Coordinate multi-sectoral efforts to support the continued integration of older persons with their families and communities;

(c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities;

(d) Introduce policies and support initiatives that ease access of older persons to goods and services;

(e) Promote equitable allocation of public housing for older persons;

(f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction;

(g) Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces;

(h) Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them;

(i) Ensure that housing provided for older persons takes appropriate account of their care and cultural needs;

(j) Promote the growing continuum of housing options for older persons.

99. **Objective 2: Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities.**

Actions

(a) Ensure that new urban spaces are free of barriers to mobility and access;

(b) Promote employment of technology and rehabilitation services designed to support independent living;

(c) Meet the need for shared and multigenerational co-residence through the design of housing and public space;

(d) Assist older persons in making their homes free of barriers to mobility and access.

100. **Objective 3: Improved availability of accessible and affordable transportation for older persons**.

Actions

(a) Improve the availability of efficient public transportation services in rural and urban areas;

(b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services;

(c) Encourage the training and assessment of older drivers, the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities.

Issue 2: Care and support for caregivers

101. Provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. Families and communities also play a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services. This caregiving system should be strengthened and reinforced by public policies as the proportion of the population needing such care increases.

102. Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one’s community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

103. In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned by AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.

104. In the last two decades, community care and ageing in place have become the policy objective of many Governments. Sometimes the underlying rationale has been financial, because, based on the assumption that families will supply the bulk of care, community care is expected to cost less than residential care. Without adequate assistance, family caregivers can be overburdened. In addition, formal community care systems, even where they exist, often lack sufficient capacity because they are poorly resourced and coordinated. As a result, residential care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of older persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option.

105. **Objective 1: Provision of a continuum of care and services for older persons from various sources and support for caregivers.**

Actions

(a) Take steps to provide community-based care and support for family care;

(b) Increase quality of care and access to community-based long-term care for older persons living alone in order to extend their capacity for independent living as a possible alternative to hospitalization and nursing home placement;

(c) Support caregivers through training, information, psychological, economic, social and legislative mechanisms;

(d) Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired;

(e) Facilitate comparative research into care systems in different cultures and settings;

(f) Prepare and implement strategies for meeting the special needs of ageing caregivers for persons with cognitive disabilities;

(g) Establish and apply standards and mechanisms to ensure quality care in formal care settings;

(h) Develop social support systems, both formal and informal, with a view to enhancing the ability of families to take care of older persons within the family, including in particular the provision of long-term support and services for the growing number of frail older persons;

(i) Enhance, through appropriate measures, self-reliance of older women and men and create conditions that promote quality of life and enable them to work and live independently in their own communities for as long as possible and desired;

(j) Promote provision of community-based care and support of family care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life.

106. **Objective 2: Support the caregiving role of older persons, particularly older women.**

Actions

(a) Encourage the provision of social support, including respite services, advice and information for both older caregivers and the families under their care;

(b) Identify how to assist older persons, in particular older women, in caregiving and address their specific social, economic and psychological needs;

(c) Reinforce the positive role of grandparents in raising grandchildren;

(d) Take account of the growing numbers of older caregivers in service provision plans.

Issue 3: Neglect, abuse and violence

107. Neglect, abuse and violence against older persons takes many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.

108. Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.

109. Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.

110. **Objective 1: Elimination of all forms of neglect, abuse and violence of older persons.**

Actions

(a) Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;

(b) Abolish widowhood rites that are harmful to the health and well-being of women;

(c) Enact legislation and strengthen legal efforts to eliminate elder abuse;

(d) Eliminate harmful traditional practices involving older persons;

(e) Encourage cooperation between Government and civil society, including non-governmental organizations, in addressing elder abuse by, inter alia, developing community initiatives;

(f) Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations;

(g) Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies.

111. **Objective 2: Creation of support services to address elder abuse.**

Actions

(a) Establish services for victims of abuse and rehabilitation arrangements for abusers;

(b) Encourage health and social service professionals as well as the general public to report suspected elder abuse;

(c) Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered;

(d) Include handling of elder abuse in the training of the caring professions;

(e) Establish information programmes to educate older persons about consumer fraud.

Issue 4: Images of ageing

112. A positive view of ageing is an integral aspect of the International Plan of Action on Ageing, 2002. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience has been a normal feature of the respect accorded to the old throughout history. These values are often neglected in some societies and older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. Although healthy ageing is naturally an increasingly important issue for older persons, public focus on the scale and cost of health care, pensions and other services have sometimes fostered a negative image of ageing. Images of older persons as attractive, diverse and creative individuals making vital contributions should compete for the public's attention. Older women are particularly affected by misleading and negative stereotypes: instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels.

113. **Objective 1: Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons.**

Actions

(a) Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons, seeking to counteract preconceived biases and myths and, consequently, to treat older persons with respect and gratitude, dignity and sensitivity;

(b) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;

(c) Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons;

(d) Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;

(e) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;

(f) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;

(g) Encourage the media and the private and public sectors to avoid ageism in the workplace and to present positive images of older persons;

(h) Promote a positive image of older women's contributions to increase their self-esteem.

III. Implementation and follow-up

114. The implementation of the International Plan of Action on Ageing, 2002 will require sustained action at all levels in order to both respond to the demographic changes ahead and to mobilize the skills and energies of older persons. It will require systematic evaluation to respond to new challenges. In addition there is a critical and continuing need for international assistance to help developing countries to pursue policies that address ageing.

115. The implementation of the International Plan of Action on Ageing, 2002 also requires, inter alia, a political, economic, ethical and spiritual vision for social development of older persons based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and full respect for the various religious and ethical values and cultural backgrounds of people.

National action

116. Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action, 2002. A necessary first step in the successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilization of financial resources and the development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based, inter alia, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels, including national and international levels.

117. The role of non-governmental organizations is important in supporting Governments in their implementation, assessment and follow-up of the International Plan of Action, 2002.

118. Efforts should be made to promote institutional follow-up to the International Plan of Action, including, as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing.

119. Other crucial elements of implementation include: effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent, impartial monitoring of progress in implementation is also valuable and can be conducted by autonomous institutions. Governments, as well as civil society, can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives.

International action

120. We recognize that globalization and interdependence are opening new opportunities through trade, investment and capital flows and advances in technology, including information technology, for the growth of the world economy and the development and improvement of living standards around the world. At the same time, there remain serious challenges, including serious financial crises, insecurity, poverty, exclusion and inequality within and among societies. Considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people in all countries and even entire regions will remain marginalized from the global economy. We must act now in order to overcome those obstacles affecting peoples and countries and to realize the full potential of opportunities presented for the benefit of all.

121. Globalization offers opportunities and challenges. The developing countries and countries with economies in transition face special difficulties in responding to those challenges and opportunities. Globalization should be fully inclusive and equitable, and there is a strong need for policies and measures at the national and international levels, formulated and implemented with the full and effective participation of developing countries and countries with economies in transition to help them respond effectively to those challenges and opportunities.

122. In order to complement national development efforts, enhanced international cooperation is essential to support developing countries, least developed countries and countries with economies in transition in implementing the International Plan of Action, 2002, while recognizing the importance of assistance and the provision of financial assistance, inter alia, by:

- Recognizing the urgent need to enhance coherence, governance and consistency in the international monetary, financial and trading systems. To contribute to that end, we underline the importance of continuing to improve global economic governance and to strengthen the United Nations leadership role in promoting development. With the same purpose, efforts should be strengthened at the national level to enhance coordination among all relevant ministries and institutions. Similarly, we should encourage policy and programme coordination of international institutions and coherence at the operational and international levels to meet the Millennium Declaration development goals of sustained economic growth, poverty eradication and sustainable development.

- Noting the important efforts under way to reform the international financial architecture, which need to be sustained with greater transparency, and the effective participation of developing countries and countries with economies in transition. One major objective of the reform is to enhance financing for development and poverty eradication. We also underscore our commitment to sound domestic financial sectors, which make a vital contribution to national development efforts as an important component of an international financial architecture that is supportive of development.
- Calling for speedy and concerted action to address effectively debt problems of least developed countries, low-income developing countries and middle-income developing countries in a comprehensive, equitable development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term, including, as appropriate, existing orderly mechanisms for debt reduction such as debt swaps for projects.
- Recognizing that a substantial increase in official development assistance and other resources will be required if developing countries are to achieve the internationally agreed development goals and objectives, including those contained in the Millennium Declaration.

We urge developed countries that have not done so to make concrete efforts towards the target of 0.7 per cent of gross national product (GNP) as official development assistance to developing countries and 0.15 per cent of GNP of developed countries to least developed countries and encourage developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets.

123. Enhanced and focused international cooperation and an effective commitment by developed countries and international development agencies will enhance and enable the implementation of the International Plan of Action. International financial institutions and regional development banks are invited to examine and adjust their lending and grants practices to ensure that older persons are recognized as a development resource and are taken into account in their policies and projects as part of efforts to assist developing countries and countries with economies in transition in the implementation of the International Plan of Action, 2002.

124. Similarly, commitment by United Nations funds and programmes to ensure integration of the question of ageing in their programmes and projects, including at country level, is important. Support by the international community and international development agencies for organizations that specifically promote training and capacity-building on ageing in developing countries is extremely important.

125. Other priorities for international cooperation on ageing should include exchange of experiences and best practices, researchers and research findings and data collection to support policy and programme development as appropriate; establishment of income-generating projects; and information dissemination.

126. The United Nations System Chief Executives Board for Coordination should include system-wide implementation of the International Plan of Action on Ageing, 2002 in its agenda. The focal points that were set up within the United Nations system in preparation for the World Assembly on Ageing should be maintained and

strengthened. The institutional capacity of the United Nations system to undertake its responsibilities for implementation of the Plan should be improved.

127. As the focal point on ageing in the United Nations system, the primary action of the Department of Economic and Social Affairs programme on ageing will be to facilitate and promote the International Plan of Action on Ageing, 2002, including: designing guidelines for policy development and implementation; advocating means to mainstream ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange.

128. The United Nations regional commissions have responsibility for translating the International Plan of Action on Ageing, 2002, into their regional action plans. They should also assist, upon request, national institutions in implementation and monitoring of their actions on ageing. The Economic and Social Council could strengthen the capacity of the regional commissions in this respect. Regional non-governmental organizations should be supported in their efforts to develop networks to promote the International Plan of Action.

Research

129. There is a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. Research, including age and gender-sensitive data collection and analysis, provides essential evidence for effective policies. A principal task of the research component of the International Plan of Action on Ageing, 2002, is to facilitate, as appropriate, the implementation of the recommendations and actions defined in the International Plan of Action. The availability of reliable information is indispensable in identifying emerging issues and adopting recommendations. Elaborating and using, as appropriate, comprehensive and practical tools for evaluation, such as key indicators, is also necessary to facilitate a timely policy response.

130. International research on ageing is also needed to support policy responses to ageing and to the operational success of the International Plan of Action on Ageing, 2002. This would assist in promoting international coordination of research on ageing.

Global monitoring, review and updating

131. Systematic review of implementation of the International Plan of Action on Ageing, 2002 by Member States is essential for its success in improving the quality of life of older persons. Governments, in cooperation with other stakeholders, can decide on appropriate review arrangements. Sharing of the outcomes of regular review among Member States would be valuable.

132. The Commission for Social Development will be responsible for follow-up and appraisal of the implementation of the International Plan of Action on Ageing, 2002. The Commission should integrate the different dimensions of population ageing as contained in the International Plan of Action in its work. Reviews and appraisals will be critical for effective follow-up to the Assembly and their modalities should be decided as soon as possible.

Resolution 2
Expression of thanks to the people and the Government of Spain*

The Second World Assembly on Ageing,

Having met in Madrid from 8 to 12 April 2002 at the invitation of the Government of Spain,

1. *Expresses its deep appreciation* to His Excellency José María Aznar, President of the Government of the Kingdom of Spain, for his outstanding contribution as President of the Second World Assembly on Ageing to the successful outcome of the Conference;

2. *Expresses its profound gratitude* to the Government of Spain for having made it possible for the Second World Assembly to be held in Spain and for the excellent facilities, staff and services so graciously placed at its disposal;

3. *Requests* the Government of Spain to convey to the city of Madrid and to the people of Spain the gratitude of the World Assembly for the hospitality and warm welcome extended to the participants;

4. *Decides* that the International Plan of Action on Ageing, 2002, adopted at Madrid on 12 April 2002, should be entitled "Madrid International Plan of Action on Ageing".

* Adopted at the 10th plenary meeting, on 12 April 2002; for the discussion, see chap. VIII.

Resolution 3
Credentials of representatives to the Second World Assembly on Ageing*

The Second World Assembly on Ageing,

Having considered the report of the Credentials Committee[1] and the Recommendations contained therein,

Approves the report of the Credentials Committee.

* Adopted at the 10th plenary meeting, on 12 April 2002; for the discussion, see chap. VI.

[1] A/CONF.197/6.

II. Attendance and organization of work

A. Date and place of the Assembly

1. The Second World Assembly on Ageing was held in Madrid from 8 to 12 April 2002, in conformity with General Assembly resolution 54/262 of 25 May 2000. During that period the Assembly held 10 plenary meetings.

B. Attendance

2. The following States were represented at the Assembly:

Afghanistan
Albania
Algeria
Andorra
Angola
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas
Bahrain
Bangladesh
Barbados
Belgium
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Canada
Cape Verde
Chad
Chile
China
Colombia
Costa Rica
Côte d'Ivoire
Croatia
Cuba
Cyprus
Czech Republic
Democratic Republic of the Congo
Denmark
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Finland
France
Gabon
Gambia
Germany
Ghana
Greece
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Honduras
Hungary
Iceland
India
Indonesia
Iran (Islamic Republic of)
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lebanon
Libyan Arab Jamahiriya
Liechtenstein
Lithuania
Luxembourg
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Monaco
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nepal
Netherlands
New Zealand
Nicaragua
Nigeria
Norway
Oman
Pakistan

Panama
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Kitts and Nevis
Saudi Arabia
Senegal
Sierra Leone
Singapore
Slovakia
Slovenia
South Africa
Spain
Sri Lanka
Sudan
Suriname
Sweden
Switzerland
Syrian Arab Republic
Thailand
The former Yugoslav Republic of Macedonia
Togo
Trinidad and Tobago
Tunisia
Turkey
Uganda
Ukraine
United Arab Emirates
United Kingdom of Great Britain and Northern Ireland
United Republic of Tanzania
United States of America
Uruguay
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Yemen
Yugoslavia
Zambia
Zimbabwe

3. The following associate members of the United Nations regional commissions were represented by observers:

Netherlands Antilles

Puerto Rico

4. The following entity, having received an invitation to participate as an observer at the sessions and in the work of the Second World Assembly on Ageing, was represented:

Palestine

5. The secretariats of the following United Nations regional commissions were represented:

Economic Commission for Europe (ECE)

Economic Commission for Latin America and the Caribbean (ECLAC)

Economic and Social Commission for Asia and the Pacific (ESCAP)

Economic and Social Commission for Western Asia (ESCWA)

6. The following United Nations bodies and programmes were represented:

United Nations Children's Fund (UNICEF)

United Nations High Commissioner for Human Rights

United Nations Human Settlements Programme (UN-HABITAT)

United Nations Population Fund (UNFPA)

United Nations Volunteers

7. The following specialized agencies and related organizations were represented:

International Labour Organization (ILO)

Food and Agriculture Organization of the United Nations (FAO)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

World Health Organization (WHO)

World Bank

International Atomic Energy Agency (IAEA)

World Tourism Organization

8. The following intergovernmental organizations were represented:

Andean Community

Commonwealth of Independent States (CIS)

Community of Portuguese Speaking Countries

Council of Europe

European Community

Inter-American Development Bank

International Federation of Red Cross and Red Crescent Societies

Latin American Parliament

League of Arab States

Organisation for Economic Cooperation and Development

Organization of African Unity (OAU)

Sovereign Military Order of Malta

9. The following other international organization, having received an invitation to participate as an observer at the session and in the work of the Second World Assembly on Ageing, was represented:

International Institute on Ageing

10. A large number of non-governmental organizations attended the Assembly. The accredited non-governmental organizations are specified in decisions 2001/PC/3 and 2002/PC/1 of the first and second sessions of the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing.

C. Welcoming ceremony

11. The Secretary-General of the United Nations welcomed Her Royal Highness the Infanta Doña Cristina, Goodwill Ambassador to the Second World Assembly on Ageing. Her Royal Highness made a welcoming address to the Assembly.

D. Opening of the Assembly

12. The Second World Assembly on Ageing was opened, on 8 April 2002, by the Secretary-General of the United Nations. The Secretary-General made some welcoming remarks.

E. Election of the President and other officers of the Assembly

13. At its 1st and 6th plenary meetings, on 8 and 10 April 2002, upon the proposal of the Secretary-General of the United Nations, the World Assembly elected the following officials:

President of the Conference:

José María Aznar, President of the Government of the Kingdom of Spain, was elected President of the Assembly by acclamation

Vice-Presidents:

African Group of States (seven Vice-Presidents): Algeria, Burkina Faso, Ethiopia, Gabon, Ghana, Kenya and the Republic of South Africa

Asian Group of States (six Vice-Presidents): China, Republic of Korea, the Philippines and the Syrian Arab Republic*

Eastern European Group of States (three Vice-Presidents): Bulgaria, Czech Republic and Ukraine

Latin American and Caribbean Group of States (five Vice-Presidents): Argentina, Belize, Ecuador, Mexico and Suriname

Group of Western European and Other States (six Vice-Presidents): Andorra, Austria, Germany, Italy, Malta and Monaco

Election of the Vice-President ex officio of the Assembly:

Juan José Lucas Giménez, Minister of the Presidency of Spain, was elected, by acclamation, Vice-President ex officio of the Assembly

Election of the Rapporteur-General:

Antoine Mifsud Bonnici, Parliamentary Secretary at the Ministry for Social Policy of Malta, was elected, by acclamation, Rapporteur-General of the Assembly

Election of the Chairman of the Main Committee:

Felipe Paolillo of Uruguay was elected, by acclamation, as Chairman of the Main Committee of the Assembly

---

* Two posts for Vice-Chairmen for the Group of Asian States remained vacant.

F. Adoption of the rules of procedure

14. At its 1st meeting, on 8 April, the Assembly adopted the rules of procedure (A/CONF.197/2).

G. Adoption of the agenda and other organizational matters

15. At its 1st meeting, on 8 April, the Assembly adopted the agenda (A/CONF.197/1) as recommended by the preparatory committee in its resolution (A/CONF.197/3). The agenda, as adopted, was as follows:

Agenda of the Second World Assembly on Ageing

1. Opening of the Assembly.
2. Election of the President.
3. Adoption of the rules of procedure.
4. Adoption of the agenda and other organizational matters.
5. Election of officers other than the President.
6. Organization of work, including establishment of the Main Committee.
7. Credentials of representatives to the Assembly:
   (a) Appointment of the members of the Credentials Committee;
   (b) Report of the Credentials Committee.
8. General exchange of views.
9. Political Declaration and International Plan of Action on Ageing, 2002.
10. Adoption of the report of the Assembly.

H. Organization of work, including the establishment of the Main Committee

16. At its 1st meeting, on 8 April, the Assembly approved the organization of work (A/CONF.197/4).

17. At the same meeting, the Assembly endorsed the proposals regarding the exchange of views and the composition of the Bureau of the Main Committee (A/CONF.197/4).

18. Also, at the same meeting, the Assembly approved the proposed timetable of work for the Assembly and the organization of meetings (A/CONF.197/4).

I. Documentation

19. The documentation of the Assembly is listed in annex I to the present report.

J. Appointment of the members of the Credentials Committee

20. At its 1st plenary meeting, on 8 April, in accordance with rule 4 of its rules of procedure, the Assembly appointed a Credentials Committee based on the composition of the Credentials Committee of the General Assembly of the United Nations at its fifty-sixth session, namely: China, Denmark, Jamaica, Lesotho, the Russian Federation, Senegal, Singapore, the United States of America and Uruguay. With regard to the report of the Credentials Committee, it was the understanding that, if one of those States did not participate in the Assembly, it would be replaced by another State from the same regional group.

III. General exchange of views

1. The Second World Assembly on Ageing held a general exchange of views (agenda item 8) from its 1st to 10th meetings, from 8 to 12 April 2002.

2. At its 1st plenary meeting, on 8 April, the following addressed the Assembly: Mr. Marc Forne-Forne, Head of the Principality of Andorra; El Hadj Omar Bongo, President of the Gabonese Republic; Mr. Rexhep Meidani, President of the Republic of Albania; Mr. Obiang Nguema Mbasogo, President of the Republic of Equatorial Guinea; Mr. Juan Carlos Aparicio, Minister for Labour and Social Affairs of Spain (on behalf of the States Members of the European Union and its associated countries); Mr. Luis Alfonso Davila, Minister for Foreign Affairs of the Bolivarian Republic of Venezuela (on behalf of the States Members of the Group of 77); Mr. Moses Machar Kacuol, Vice-President of the Republic of the Sudan; Mrs. Cecilia V. L. Bannerman, Minister of Manpower Development and Employment of Ghana; Mr. Samoullah Lauthan, Minister of Social Security, National Solidarity and Senior Citizen Welfare and Reform Institutions of the Republic of Mauritius; Mrs. Aminata Tall, Minister of Social Development and National Solidarity of the Republic of Senegal; Mrs. Alejandra Flores, Director of the National Programme of Ageing of Guatemala; Mrs. Silvia Gascon, Human and Family Development Secretary of the Ministry of Social Development of the Republic of Argentina; and Dr. Satya Narayan Jatiya, Minister for Social Justice and Empowerment of India.

3. At the 2nd plenary meeting, on 8 April, the following addressed the Assembly: Dr. José Francisco López Bertrán, Minister for Public Health and Social Welfare of El Salvador; Mr. Roberto Maroni, Minister of Welfare of Italy; Mr. Ivan Sakhan, Minister of Labour and Social Policy of Ukraine; Mr. Masoud Pezeshkian, Minister of Health and Medical Education of the Islamic Republic of Iran; Dr. Z. S. T. Skweyiya, Minister of Social Development of the Republic of South Africa; Mr. Abass El Fassi, Minister of Employment, of Professional Training, Social Development and Solidarity of the Kingdom of Morocco; Archbishop Javier Lozano Barragan, President of the Pontifical Council for Health Care of the Holy See; Mrs. Virgilia Matabela, Minister for Women’s Affairs and Social Action of the Republic of Mozambique; Mrs. A. M. Vliegenthart, State Secretary of Health, Welfare and Sport of the Kingdom of the Netherlands; Ms. Karelova G. N., First Deputy Minister for Labour and Social Development of the Russian Federation; Mrs. Maria Menoudakou-Beldekou, Secretary-General for Welfare, Ministry of Health and Welfare of Greece; Ms. Geneva Rutherford, Vice-President of the Senate of the Commonwealth of the Bahamas; Mrs. Adalgisa Abreu Sánchez, Under-Secretary of State for Public Health and Social Welfare of the Dominican Republic; and Mr. Zalmai Hagani, Ambassador of Afghanistan to France. The President of the Economic and Social Council made a statement. Statements were also made by the Executive Director of the United Nations Population Fund, the President of the International Federation of Ageing and the European Commission for Employment and Social Affairs of the European Community.

4. At the 3rd plenary meeting, on 9 April, the following addressed the Assembly: Mrs. Ruth Dreifuss, Federal Councillor of Switzerland; Mr. Ismail Amat, State Councillor of the Peoples Republic of China; Mrs. Dilbar Guliamova, Deputy Prime Minister of Uzbekistan; Mr. Herbert Haupt, Federal Minister for Social Security and Generation of Austria; Mr. Alfredo Morales Cartaya, Minister of Labour and Social

Security of Cuba; Dr. Yankuba Kassama, Secretary of State for Health and Social Welfare of the Gambia; Mrs. Sushila Swar, State Minister for Women, Children and Social Welfare of the Kingdom of Nepal; Mr. Hamilton Lashley, Minister of Social Transformation of Barbados; Mr. Davorko Vidović, Minister, Ministry of Labour and Social Welfare of the Republic of Croatia; Mr. Bedredin Ibraimi, Minister of Labour of the former Yugoslav Republic of Macedonia; Dr. Christine Bergmann, Federal Minister for Family Affairs, Senior Citizens, Women and Youth of Federal Republic of Germany; Mrs. Henriette Kjaer, Minister for Social Affairs of Denmark; Mr. Shiileg Batbayar, Minister for Social Welfare and Labour of Mongolia; Mr. Antonio Sanchez Diaz de Rivera, Vice-Minister, Ministry of Social Development of Mexico; Mr. Felipe Paolillo, Head of Delegation of Uruguay; and Ms. Heidi S. Wirjosentono, Head of Delegation of Suriname. Statements were also made by the Director-General of the International Labour Organization and the Director-General of the World Health Organization. Statements were also made by the following representatives of non-governmental organizations accredited to the Assembly: the Chief Executive Officer of the International Longevity Center; and the President of Mensajeros de la Paz-Edad Dorada.

5. At the 4th plenary meeting, on 9 April, the following addressed the Assembly: Mr. H. Bachtiar Chamsyah, Minister for Social Affairs of the Republic of Indonesia; Mr. Lars Engqvist, Minister for Health and Social Affairs of Sweden; Mrs. Marie-Josée Jacobs, Minister of Family, Social Solidarity and Youth of Luxembourg; Mr. Krasae Chanawongse, Minister to the Prime Ministers Office of Thailand; Ms. Sharon Carstairs, Leader of the Government in the Senate with Special Responsibility for Palliative Care of Canada; Mr. Sheikh Falah bin Jassim bin Jabr Al-Thani, Minister of Public Administration and Finance of Qatar; Mr. Kevin Andrews, Minister for Ageing of Australia; Mr. Andreas Moushouttas, Minister of Labour and Social Insurance of Cyprus; Mrs. Cecilia Blondet, Minister for the Advancement of Women and Social Development of Peru; Mme. Paulette Guinchard-Kunstler, Secretary of State for the Ageing of France; Mr. Lee Kyeong-ho, Vice-Minister, Ministry of Health and Welfare of the Republic of Korea; Mr. Petre Ciotlos, Secretary of State, Ministry of Labour and Social Solidarity of Romania; Mrs. Ingjerd Schou, Minister of Social Affairs of Norway; Mrs. Helene B. Rajaonarivelo, Head of Delegation of Madagascar; Mr. Enrique Silva Cimma, Head of Delegation of the Republic of Chile; Mr. Omer Hussein Sabaa, Head of Delegation of the Republic of Yemen; Mrs. Nicole Elisha, Head of Delegation of Benin; and Mr. Talal Mubarak Al-Ayyar, Minister of Electricity and Water Resources and of Social Affairs and Labour of the State of Kuwait.

6. At the 5th plenary meeting, on 10 April, the following addressed the Assembly: Mr. Baba Ould Sidi, Minister for Civil Service, Labour, Youth and Sports of Mauritania; Mr. Dario Dantas Dos Reis, Minister for Health of the Republic of Cape Verde; Mr. Ahsan Ahmad, Minister for Health and Population Welfare, Government of Sindh, Pakistan; Mr. Jean Claude Desgranges, Chef de Cabinet of the President of the Republic of Haiti; Mr. Masahiko Otsubo, Vice-Minister for Special Missions, Cabinet Office, Government of Japan; Mr. Chan Soon Sen, Minister of State for Community Development and Sports of Singapore; Dr. Antoine Mifsud Bonnici, Parliamentary Secretary at the Ministry for Social Policy of Malta; Mr. Santiago Alvárez de Toledo, Special Envoy of the Prime Minister of Belize; Mrs. Beverly Hall-Taylor, Chairman of Delegation of Jamaica; Mr. Francis Nyenze, Minister for Heritage and Sports of Kenya; Dr. Akin Izmirlioglu, Chairman of

Delegation of Turkey; Mr. Lyonpo Dago Tschering, Chairman of Delegation of Bhutan; Mr. Sam A. Otuyelu, Chairman of Delegation of Nigeria; and Ms. Christina Kapalata, Chairman of Delegation of the United Republic of Tanzania. The representative of the Latin American Parliament made a statement. Statements were also made by the following non-governmental organizations accredited to the Assembly: the President of the International Federation of the Ageing and the President of the International Federation for Family Development.

7. At the 6th plenary meeting, on 10 April, the following addressed the Assembly: Mr. Abdul-Nabi Abdulla Al-Shoala, Minister of Labour and Social Affairs of the Kingdom of Bahrain; Mrs. Maria Da Luz, Vice-Minister for Social Assistance and Reintegration of Angola; Mrs. Khafiza Uteulina, Vice-Minister of Labour and Social Protection of Kazakhstan; Ms. Maija Perho, Minister of Social Affairs and Health of Finland; Mrs. Fayza Abu Elnaga, State Minister for Foreign Affairs of the Arab Republic of Egypt; Mrs. Judit Szemkeo, Secretary of State, Ministry of Social and Family Affairs of the Republic of Hungary; Mrs. Wanda Engel Aduan, Secretary of State for Social Assistance of Brazil; Mrs. Ohouochi Clotilde, Minister of Social Affairs and National Solidarity of Côte d'Ivoire; Ms. Josefina G. Carbonell, Assistant Secretary for Aging of the United States of America; Mr. Dam Huu Dac, Deputy Minister of Labor, Invalids and Social Affairs of Viet Nam; Mr. Phongsavath Boupha, Vice-Minister of Foreign Affairs of the Lao People's Democratic Republic; Mr. Shahed Akhtar, Chairman of Delegation of Bangladesh; and Mrs. Jane Asani-Ndelemeni, Chairman of Delegation of Malawi. Statements were also made by the Secretary-General of the World Tourism Organization and the Chairman of Delegation of the Organization of African Unity. Statements were also made by the following non-governmental organizations accredited to the Assembly: the Chief Executive of HelpAge International, the President of the Federación de Mujeres para la Democracia; the President of the International Association of Gerontology; and the President of the International Institute on Ageing.

8. At the 7th plenary meeting, on 11 April, the following addressed the Assembly: Mr. Eddy Boutmans, Secretary of State for Cooperation and Development of Belgium; Mr. Peter Magvaši, Minister for Labour, Social Affairs and Family of Slovakia; Mr. Hedi M'Henni, Minister of Social Affairs of the Republic of Tunisia; Mr. Ian McCartney, Minister of State for Pensions of the United Kingdom of Great Britain and Northern Ireland; Ms. Vilija Blinkevičiūté, Minister for Social Security and Labour of Lithuania; Mr. Álvaro Patiño Pulido, Vice-Minister of Labour and Social Security of Colombia; Ms. Florence Nayiga Ssekabira, Minister of State, Elderly and Disability Affairs of Uganda; Mr. Herzl Imbar, Chairman of Delegation of Israel; Mr. Jacques L. Boisson, Chairman of Delegation of Monaco; Mr. Djamel Ould Abbas, Minister of Social Action and National Solidarity of Algeria; Mr. Hussein Majed, Chairman of Delegation of Lebanon; Mr. Declan O'Donovan, Chairman of Delegation of Ireland; Dr. Talat H. Alwazna, Chairman of Delegation of Saudi Arabia; and Mrs. Gunta Robezniece, Chairman of Delegation of Latvia. The Observer for Palestine, Mrs. Intisar Al-Wazeir, Minister for Social Affairs, also addressed the Assembly. Statements were also made by the Executive Coordinator of the United Nations Volunteers and the President of the International Federation of Red Cross and Red Crescent Societies. The following non-governmental organizations accredited to the Assembly also made statements: the Chief Administrative Head of Brahma Kumaris World

Spiritual University; the Chair of the Confederación Española de Organizaciones de Mayores and Co-Chair of the NGO Forum; the President of the Unión Democrática de Pensionistas and Co-Chair of the NGO Forum.

9. At the 8th plenary meeting, on 11 April, the following addressed the Assembly: Dr. Vlado Dimovski, Minister for Labour, Family and Social Affairs of Slovenia; Ms. Bruce Mariama Aribot, Minister of Social Affairs, Advancement of Women and the Child of Guinea; Mr. Miodrag Kovač, Federal Secretary for Labour, Health and Social Policy of Yugoslavia; Mr. Amadou Rouamba, Secretary-General of the Ministry of Social Development, Solidarity and the Ageing of Mali; Mrs. Siti Zaharah Sulaiman, Minister of National Unity and Social Development of Malaysia; Mr. Ali Naghiyev, Minister for Social Security and Labour of Azerbaijan; Mrs. Ghada Al-Jabi, Minister for Labour and Social Affairs of the Syrian Arab Republic; Mr. Ernesto Pazmiño, Vice-Minister of Social Welfare of the Republic of Ecuador; Mrs. Daria Krsticevic, Chairman of Delegation of Bosnia and Herzegovina; Ms. Jenni Nana, Chairman of Delegation of New Zealand; Mr. Prak Sokhonn, Chairman of Delegation of Cambodia; Mrs. Grace Muzyamba, Chairman of Delegation of Zambia; Mr. Manfredo Kempff Suárez, Chairman of Delegation of Bolivia; Mr. Abdullah Siraj, Chairman of Delegation of Jordan; Ms. Lulit Zewdie Mariam, Chairman of Delegation of Ethiopia; Ms. Sonia Elliot, Chairman of Delegation of Guyana; and Mr. Chandra Wickramasinghe, Chairman of Delegation of Sri Lanka. The Chairman of the Delegation of the League of Arab States made a statement. Statements were also made by the following non-governmental organizations accredited to the Assembly: the Secretary-General of the International Social Security Association; the Convenor of the Valencia Forum; the Chair of the Committee on Ageing of the Conference of the NGOs on Ageing; and the President of the American Association of Retired Persons.

10. At the 9th plenary meeting on 12 April 2002, the following addressed the Assembly: Mr. Aurelio Varela Amarilla, Minister for Social Action of the Republic of Paraguay; Mrs. Natalia Barillas de Monteil, Minister of Family Affairs of Nicaragua; Mr. July G. Moyo, Minister for Public Service, Labour and Social Welfare of Zimbabwe; Mrs. Xinia Carvajal, Minister for the Status of Women of Costa Rica; Mr. Hansjörg Frick, Minister for Public Health and Social Affairs of Liechtenstein; Ms. Krystyna Tokarska-Biernacik, Under-Secretary of State, Ministry of Labour and Social Policy of Poland; Mr. Gilbert Oue'draogo, Minister for Social Action and National Solidarity of Burkina Faso; Mrs. Bela Hejná, Deputy Minister of Labour and Social Affairs of the Czech Republic; Mr. Bubacar Rachid Djalo, Minister of State and Representative of the President of the Republic of Guinea-Bissau; Mrs. Christina Christova, Deputy Minister of Labour and Social Policy of Bulgaria; Hlaing Win, Deputy Minister of Social Welfare, Relief and Resettlements of the Union of Myanmar; Mr. Andres Tomasberg, Chairman of Delegation of Estonia; Ms. Tante-Gnandi Adja, Chairman of Delegation of Togo; Mrs. Antonia Popplewell, Chairman of Delegation of Trinidad and Tobago; and Mr. Andebrham Weldegiorgis, Chairman of Delegation of Eritrea.

11. At the 10th plenary meeting, on 12 April, the following addressed the Assembly: Ms. Nasyrova Anara, Executive Secretary for Women, Family and Gender Policy under the Administration of the President of Kyrgyzstan; Ms. Corazon Juliano Soliman, Minister of Social Welfare of the Philippines; Mr. Abdulhamid Asseid Zentani, Secretary of the People's Committee of the Social Security Public Fund of the Libyan Arab Jamahiriya; Ms. Shirley Gbujama, Minister

for Social Welfare, Gender and Children's Affairs of Sierra Leone; Ms. Rosalyn E. Hazelle, Permanent Secretary, Ministry of Social Development Saint Kitts and Nevis; Mr. Francisco Ribeiro Teles, Chairman of Delegation of Portugal; Mr. Fadil Najim Al-Deen, Chairman of Delegation of Iraq; Mrs. Zulema Sucre, Chairman of Delegation of Panama; Mrs. Pholile Legwaila, Chairman of Delegation of Botswana; and Mr. Nsanzabaganwa Straton, Chairman of Delegation of Rwanda. The Chairman of the Delegation of Puerto Rico also made a statement.

12. Also at the 10th meeting, Mr. Jaime Montalvo Correa, President of the Economic and Social Council of Spain and Coordinator of Dialogues 2020, made a statement in which he reported on the Dialogues.

IV. Report of the Main Committee

1. At its 1st plenary meeting, on 8 April 2002, the Second World Assembly on Ageing decided to allocate agenda item 9 (Political Declaration and International Plan of Action on Ageing, 2002) to the Main Committee, which was to submit its recommendations to the Assembly.

A. Organization of work

2. The Main Committee held 3 meetings, on 8, 11 and 12 April 2002. It also held a number of informal meetings in two working groups.

3. The Main Committee had before it the following documents:

(a) Addenda to the report of the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing on the work of its second session, containing the draft political declaration and agreed amendments thereto (A/CONF.197/3/Add.1 and 4);

(b) Addenda to the report of the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing on the work of its second session, containing the draft international plan of action on ageing, 2002 and agreed amendments thereto (A/CONF.197/3/Add.2, 3 and 5);

(c) Addenda to the report of the Main Committee containing further agreed amendments to the draft political declaration (A/CONF.197/MC/L.1/Add.1, 4, 6 and 7);

(d) Addenda to the report of the Main Committee containing further agreed amendments to the draft international plan of action on ageing, 2002 (A/CONF.197/MC/L.1/Add.2, 3, 5 and 8);

(e) Draft resolution submitted by the Chairman entitled “Political Declaration and International Plan of Action on Ageing, 2002 (A/CONF.197/MC/L.2).

4. The Chairman of the Main Committee was Felipe Paolillo (Uruguay), who was elected by acclamation at the 1st plenary meeting of the Assembly on 8 April.

5. The Main Committee, at its 1st and 2nd meetings, on 8 and 11 April, elected the following officers by acclamation:

Vice-Chairmen:
Aicha Afifi (Morocco)
Maria José Carrilho (Portugal)
Ivana Grollová (Czech Republic)
Penny D. Herasati (Indonesia)

Ms. Grollová also served as Rapporteur of the Main Committee.

6. Also at its 1st meeting, the Main Committee established two Working Groups and designated Aicha Afifi (Morocco) Chairperson of Working Group I, which considered the draft international plan of action on ageing, 2002. The Chairman of the Main Committee chaired Working Group II, which considered the draft political declaration.

7. At the 3rd meeting, on 12 April, the Chairman made a concluding statement.

B. Action taken by the Main Committee

Draft political declaration

8. At its 3rd meeting, on 12 April, the Main Committee had before it the text of the draft political declaration (A/CONF.197/3/Add.1 and 4) and amendments thereto (A/CONF.197/MC/L.1/Add.1, 4, 6 and 7), which were submitted on the basis of the consultations held in Working Group II.

9. At the same meeting, the Main Committee approved the draft political declaration, as contained in documents A/CONF.197/3/Add.1 and 4 and A/CONF.197/MC/L.1/Add.1, 4, 6 and 7).

Draft international plan of action on ageing, 2002

10. At its 3rd meeting, on 12 April, the Main Committee had before it the text of the draft international plan of action on ageing, 2002, (A/CONF.197/3/Add.2, 3 and 5) and amendments thereto (A/CONF.197/MC/L.1/Add.2, 3, 5 and 8), which were submitted as a result of the consultations held in Working Group I.

11. At the same meeting, the representative of Egypt proposed amendments to documents A/CONF.197/MC/L.1/Add.5 and Add.8.

12. Following statements by the representatives of the Sudan, Cuba, Egypt, the United States of America, Mexico, Guyana and Bolivia, the Main Committee approved the draft international plan of action on ageing, 2002, as contained in documents A/CONF.197/3/Add.2, 3 and 5 and A/CONF.197/MC/L.1/Add.2, 3, 5 and 8, as orally amended.

Draft resolution on the Political Declaration and the International Plan of Action on Ageing, 2002

13. At the 3rd meeting, on 12 April, the Main Committee adopted a draft resolution submitted by the Chairman, by which it recommended to the Assembly the adoption of the Political Declaration and the International Plan of Action on Ageing, 2002, annexed thereto (A/CONF.197/L.2).

V. Adoption of the Political Declaration and the Madrid International Plan of Action on Ageing, 2002

1. At its 10th plenary meeting, on 12 April, the Assembly considered the recommendations on the Political Declaration and the Madrid International Plan of Action on Ageing, 2002, contained in the report of the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing on the work of its second session (A/CONF/197/3/Add.1-5) and the report of the Main Committee (A/CONF.197/8 and A/CONF.197/MC/L.1/Add.1-8 and L.2).

2. The Rapporteur of the Main Committee, Ms. Ivana Grollová (Czech Republic) orally introduced further amendments to the texts of the Political Declaration and International Plan of Action, 2002, as recommended and agreed upon by the Main Committee.

3. The representative of Egypt made a statement.

4. At the same meeting, the Assembly, on the recommendation of the Main Committee, adopted the Political Declaration (A/CONF.197/3/Add.1 and 4 and A/CONF.197/MC/L.1/Add.1, 4, 6 and 7), as orally amended, and also recommended its endorsement by the General Assembly at its fifty-seventh session (see chap. I, resolution 1).

5. At the same meeting, the Assembly, on the recommendation of the Main Committee, adopted the Madrid International Plan of Action on Ageing, 2002 (A/CONF.197/3/Add.2, 3 and 5 and A/CONF.197/MC/L.1/Add.2, 3, 5 and 8), as orally amended, and also recommended its endorsement by the General Assembly at its fifty-seventh session (see chap. I, resolution 1).

6. After the adoption of the Political Declaration and the International Plan of Action, 2002, statements were made by the representatives of Canada, the United States of America, Norway, Venezuela (on behalf of the States Members of the Group of 77 and China) and Spain (on behalf of the States Members of the European Union).

7. At the same meeting, statements were made by the President of the Assembly and the Chairman of the Main Committee.

VI. Report of the Credentials Committee

1. At its 1st plenary meeting, on 8 April 2002, the Second World Assembly on Ageing, in accordance with rule 4 of its rules of procedure, appointed a Credentials Committee based on the composition of the Credentials Committee of the General Assembly of the United Nations at its fifty-sixth regular session, namely: China, Denmark, Jamaica, Lesotho, the Russian Federation, Senegal, Singapore, the United States of America and Uruguay.

2. The Credentials Committee held its meeting on 10 April 2002.

3. Mr. Carlos E. Gasparri (Uruguay) was unanimously elected Chairman.

4. The Committee had before it a memorandum by the secretariat of the Assembly, dated 9 April 2002, concerning the credentials of representatives of States to the Second World Assembly on Ageing. The representative of the legal counsel of the United Nations made a statement relating to the memorandum in which she, inter alia, updated the memorandum, indicating those credentials and communications received subsequent to its preparation.

5. As noted in paragraph 1 of the memorandum and the statement relating thereto, formal credentials of representatives to the Second World Assembly on Ageing, in the form required by rule 3 of the rules of procedure of the Assembly, had been received at the time of the meeting of the Credentials Committee from the following 42 States: Andorra, Azerbaijan, Bahamas, China, Croatia, the Dominican Republic, Finland, Gabon, Guinea, the Holy See, Iceland, Iran (Islamic Republic of), Iraq, Jamaica, Japan, Jordan, Kuwait, Liechtenstein, Malta, Mozambique, Myanmar, Nepal, the Netherlands, Panama, Portugal, Qatar, the Republic of Korea, Slovakia, Spain, Sri Lanka, Sweden, Switzerland, the Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uruguay, Venezuela, Viet Nam and Zimbabwe.

6. As noted in paragraph 2 of the memorandum and the statement relating thereto, information concerning the appointment of the representatives of States to the Second World Assembly on Ageing had been communicated to the secretariat of the Assembly at the time of the meeting of the Credentials Committee by cable or fax from the Head of State or Government or the Minister for Foreign Affairs, or by means of a letter or note verbale from the Ministries, Embassies or Permanent Missions concerned, from the following 116 States: Afghanistan, Albania, Algeria, Angola, Argentina, Armenia, Australia, Austria, Bahrain, Bangladesh, Barbados, Belgium, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Chad, Chile, Colombia, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, the Czech Republic, the Democratic Republic of the Congo, Denmark, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, France, Gambia, Germany, Ghana, Greece, Guatemala, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, India, Indonesia, Ireland, Israel, Italy, Kazakhstan, Kenya, Kyrgyzstan, the Lao People's Democratic Republic, Latvia, Lebanon, the Libyan Arab Jamahiriya, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Morocco, Namibia, New Zealand, Nicaragua, Nigeria, Norway, Oman, Pakistan, Paraguay, Peru, the Philippines, Poland, Romania, the Russian Federation, Rwanda, Saint Kitts and Nevis, Saudi Arabia, Senegal, Sierra Leone,

Singapore, Slovenia, South Africa, the Sudan, Suriname, the former Yugoslav Republic of Macedonia, Uganda, Ukraine, United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United Republic of Tanzania, the United States of America, Uzbekistan, Vanuatu, Yemen, Yugoslavia and Zambia.

7. The Chairman recommended that the Committee accept the credentials of the representatives of all States mentioned in the memorandum of the secretariat of the Assembly, on the understanding that formal credentials for representatives of the States referred to in paragraph 6 above would be communicated to the secretariat of the Assembly, as soon as possible.

8. On the proposal of the Chairman, the Committee adopted the following draft resolution:

"*The Credentials Committee*,

"*Having examined* the credentials of the representatives to the Second World Assembly on Ageing of the States referred to in the memorandum of the secretariat of the Assembly dated 9 April 2002,

"*Accepts* the credentials of the representatives of the States concerned."

9. The draft resolution proposed by the Chairman was adopted without a vote.

10. The Chairman then proposed that the Committee should recommend to the plenary of the Second World Assembly on Ageing the adoption of a draft resolution (see para. 12 below). The proposal was adopted without a vote.

Action taken by the Assembly

11. At its 10th plenary meeting, on 12 April 2002, the Assembly considered the report of the Credentials Committee (A/CONF.197/6).

12. The Assembly adopted the draft resolution recommended by the Committee in its report (see chap. I, resolution 3).

VII. Adoption of the report of the Assembly

1. At its 10th plenary meeting, on 12 April 2002, the Rapporteur-General introduced and orally amended the draft report of the Assembly (A/CONF.197/L.2).

2. At the same meeting, the Assembly adopted the draft report as introduced by the Rapporteur-General, and authorized him to complete the report, in conformity with the practice of the United Nations, with a view to its submission to the General Assembly at its fifty-seventh session.

VIII. Closure of the Assembly

1. At its 10th plenary meeting, on 12 April 2002, the representative of Venezuela, on behalf of the States Members of the Group of 77 and China, introduced a draft resolution entitled "Expression of thanks to the people and the Government of Spain" (A/CONF.197/L.3).

2. At the same meeting, the Conference adopted the draft resolution (see chap. I, resolution 2).

3. Also at the same meeting, statements were made by the representatives of Bahrain (on behalf of the Asian Group of States), Angola (on behalf of the Group of African States) and Benin (on behalf of the least developed countries).

4. Following a statement by the Under-Secretary-General for Economic and Social Affairs, the President of the Assembly made a concluding statement and declared the Assembly closed.

Annex I

List of documents

Document number	Agenda item	Title or description
A/CONF.197/1	4	Provisional agenda
A/CONF.197/2	3	Provisional rules of procedure
A/CONF.197/3 and Add.1-5	9	Report of the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing on the work of its second session
A/CONF.197/4	6	Organization of work and procedural matters
A/CONF.197/5	8 and 9	Letter dated 1 April 2002 from the Permanent Representative of Malta addressed to the Secretary-General
A/CONF.197/6	7	Report of the Credentials Committee
A/CONF.197/7	8 and 9	Note verbale dated 9 April 2002 from the Permanent Mission of Azerbaijan to the United Nations addressed to the Secretary-General
A/CONF.197/8	9	Report of the Main Committee
A/CONF.197/L.2	10	Draft report of the Assembly
A/CONF.197/L.3	10	Draft resolution submitted by Venezuela on behalf of the States Members that are members of the Group of 77 and China entitled "Expression of thanks to the people and the Government of Spain
A/CONF.197/INF.1		Information for participants
A/CONF.197/INF.2/Rev.1		Final list of participants
A/CONF.197/MC/L.1 and Add.1-8	9	Report of the Main Committee
A/CONF.197/MC/L.2	9	Draft resolution submitted by the Chairman of the Main Committee entitled "Political Declaration and International Plan of Action on Ageing, 2002"

Annex II

Opening statements

Remarks by Her Royal Highness Princess Cristina to the Second World Assembly on Ageing

It is my pleasure to address you as a United Nations Goodwill Ambassador to this Second World Assembly on Ageing, an honour which I truly welcome, and one which has provided me with an excellent opportunity to promote awareness of ageing.

I congratulate the Secretary-General of the United Nations, the chairmen and the executive heads of the organizations of the United Nations system on their excellent work, the Chairman and Vice-Chairmen of the Preparatory Committee on their dedication, and the many individuals who have helped to make this Second World Assembly possible.

We are honoured to be hosting this world event in Spain. Our interest stems from our realization that the ageing of the population presents a challenge for which we must prepare ourselves and that we must be ready to take advantage of the abilities of older persons. Therefore, in offering to be the host country, Spain wished to demonstrate its interest in policies for the integration of older persons and to give impetus to an innovative debate in our society.

We are living through a period of major demographic change. The elderly are ever more numerous. That people are living longer and under better conditions, as a result of social progress, is one of humanity’s greatest achievements.

Older persons are a universal force with the potential to transform the future. This global transformation is going to affect individuals, families, communities and virtually every area of society.

Accordingly, we must prepare ourselves for this new challenge by promoting changes in attitude towards this “demographic revolution”, which is taking place because of the increase in the number of older persons in the world.

Achieving “a society for all ages” involves analysing society from a broader perspective and highlights the role played by relations between the various generations making up society. Solidarity between the generations in all areas of family, community and national life is essential for social cohesion.

We younger people must be increasingly aware that, in order to move forward in building a more just society, we must recognize the advances made by older generations and value their experience and current abilities appropriately.

At the same time, we must be able to transmit such values to coming generations. Inter-generational solidarity is a natural setting within which encounter, learning and exchange take place among individuals. It offers advantages to all and helps in achieving a more integrated society.

Together we will build a positive image of ageing, which should involve not simply prolonging life, but also ensuring that old age is healthy, independent, active and fully integrated in society.

Ageing should be seen as a stage in life during which men and women can still develop their skills, as active agents in our societies, in which they should continue to participate as full citizens with full social recognition.

I hope that all the proposals that result from this World Assembly will enable our society to face the challenges posed by the ageing of the population, and that they will be translated into practice by the greatest possible number of countries in such a way that older persons will benefit from them as soon as possible.

Thank you.

Statement by Kofi Annan, Secretary-General of the United Nations

In Africa, it is said that when an old man dies, a library vanishes. The proverb may vary among continents, but its meaning is equally true in any culture. Older persons are intermediaries between the past, the present and the future. Their wisdom and experience form a veritable lifeline in society.

We meet today to pay tribute to the contribution of older people and to formulate a strategy to help them lead the safe and dignified lives they deserve. In that sense, this is an Assembly for them.

Let me also pay tribute to Spain for its generosity in holding this Assembly, and for its vision, expertise and leadership in helping us prepare for it.

Twenty years have passed since our predecessors gathered to adopt the first global document to guide policies on ageing. Since then, the world has changed almost beyond recognition. What has not changed is our fundamental objective: building a society fit for all people of all ages.

Today, we have vital and pressing reasons to revisit the issue. The world is undergoing an unprecedented demographic transformation. Between now and 2050, the number of older persons will rise from about 600 million to almost two billion. In less than 50 years from now, for the first time in history, the world will contain more people over 60 than under 15.

Perhaps most important, the increase in the number of older persons will be greatest in developing countries. This is the most important observation. Over the next 50 years, the older population of the developing world is expected to multiply by four.

This is an extraordinary development that bears implications for every community, institution and individual — young and old. Ageing is definitely no longer just a "first world issue". What was a footnote in the twentieth century is on its way to becoming a dominant theme in the twenty-first century.

Such a revolution will present enormous challenges in a world already transformed by globalization, migration, and economic change. Let me mention just a few challenges we are already facing today.

- As more and more people move to cities, older persons are losing traditional family support and social networks and are increasingly at risk of marginalization.
- The HIV/AIDS crisis is forcing many older people in developing countries to care for children orphaned by the disease — of whom there are now more than 13 million worldwide.
- In many developed countries, the concept of cradle-to-grave security is fast disappearing. The shrinking size of the working population means that older people are even more at risk of inadequate pensions and medical attention.

As the older population grows larger, so will these challenges multiply. We need to start preparing for them now. We must devise a plan of action on ageing, adapted to the realities of the twenty-first century. Let me mention some overriding objectives.

We need to recognize that, as more people are better educated, live longer and stay healthy longer, older persons can and do make greater contributions to society than ever before. By promoting their active participation in society and development, we can ensure that their invaluable gifts and experience are put to good use. Older persons who can work and want to should have the opportunity to do so; and all people should have the opportunity to continue learning throughout life.

By creating support networks and enabling environments, we can engage the wider community in strengthening solidarity between generations and in combating abuse, violence, disrespect and discrimination against older people.

By providing adequate and affordable health care, including preventive health measures, we can help older people maintain their independence for as long as possible.

The past 20 years have brought a wealth of new opportunities that should help us achieve those objectives.

New international commitments have been reached in the conferences of the 1990s, culminating in the Millennium development goals. Taken together, these form a blueprint for improving people's lives. Building better lives for the older persons must form an integral part of that agenda.

A good global revolution that has taken place is the use of information technology and the empowerment of civil society. This enables us to build the partnerships needed to achieve a society for all ages. While Governments have the primary responsibility towards their older populations, they need to work through effective coalitions engaging all actors: from non-governmental organizations to the private sector, from international organizations to educators and health professionals, and of course, associations of older people themselves. And I hope you will also send a wider message to the world: that older people are not a category apart. We will all grow old one day — if we have that luck.

We have been given some wonderful opportunities to strengthen those partnerships — let me suggest the issue of partnerships. We have to strengthen the partnerships I mentioned earlier, in connection with this World Assembly on Ageing — through the parallel NGO Forum here in Madrid and the international scientific forum just ended in Valencia. We can strengthen these partnerships. Again, let me thank the Spanish Government, the Spanish civil society, for helping us to make this happen.

Given the challenges and opportunities before us, I trust you will make every effort to conclude successfully the negotiations on the outcome document before this Assembly.

And as we do so, I hope we send a wider message that older people, as I said earlier, are not a category apart. We will all grow old one day — if we have that privilege, that is. Let us therefore look at older persons not as people separate from ourselves, but as our future selves. And let us recognize that older people are all individuals, with individual needs and strengths, not a group that are all the same because of their age.

Finally, that brings me to a confession I'd like to make to you this morning. I turned 64 today. I therefore feel empowered to quote a Beatles' song that asks, on

behalf of all older persons, and I quote: Will you still need me, will you still feed me, when I'm 64?

I trust the answer is yes, older people will be provided for, and yes, older people will be needed in the twenty-first century.

Statement by José María Aznar, President of the Government of Spain and President of the Second World Assembly on Ageing

Welcome to Spain. We Spaniards feel especially honoured by your presence and by the fact that you have chosen to discuss and adopt, in our nation, a plan of action that I hope will mark a historic landmark and serve as a reference for future decision-making on the issues that we are about to address.

There were many reasons for the Spanish Government to offer Spain as a venue for this global event.

- In the first place, it is a sign of the active role that our country wishes to play in international forums where discussion and work take place aimed at solving social problems of general interest.
- Through our offer, Spain also wishes to contribute directly to enriching the debate that has arisen from the process of population ageing that many countries are experiencing and the consequences that it may have in the most diverse spheres of our societies.
- Finally, because we are convinced that, by hosting this event, we shall learn from the experience of countries that have lived through our present situation and, at the same time, we shall enable other countries with younger populations to anticipate the times that they may possibly face.

Since the last World Assembly on Ageing, which was held in Vienna in 1982, the demographic structure of most of our countries has changed considerably and the ageing of our populations has made even more rapid advances than had been expected.

In the least developed countries, although it is not strictly possible to talk about "ageing", some symptoms are beginning to be observed that enable us to predict a major transformation in their populations.

In the developed countries, we have been witnessing an increase in the proportion of older people relative to the population as a whole for a number of years, while at the same time it is seen that our older people, fortunately, live increasingly longer. In the European countries, the so-called "old continent", we have long experience in this connection.

It is natural, therefore, that we, and especially the countries that still have young populations, should ask ourselves, whether ageing is a negative thing that should be avoided or whether, on the contrary, it holds positive and hopeful messages.

The first thing I have to say is that I do not have an unequivocal or simple reply. In life, age is not in itself either good or bad, just as childhood is not in itself either good or bad. Teenagers would like to have the wisdom and experience of adults, and this constitutes the freshness and excitement of youth.

In the population of a country, ageing also has positive aspects and others that are perhaps not so positive.

The ageing of a population with an adequate birth rate that is moving towards a balanced population is not the same thing as the ageing of a society that endangers the passing on of the baton to the next generation, as well as its own subsistence.

The ageing of a population motivated by the free and responsible adjustment of families to new living conditions is not the same thins as ageing that takes place as the result of population loss caused by war, forced exile or a terrible epidemic such as AIDS.

There can be no doubt that population-ageing is a complex process which has many causes, and many different consequences.

Independently of how it may be considered, ageing is already "a fact" for many of us — a new and undeniable phenomenon that requires profound changes and resolute responses on the part of all of society's structures and institutions.

I am of the opinion that institutions in general, and Governments in particular, must be realistic and adapt our actions to what people decide freely and responsibly, rather than trying to influence their decisions in order to make them fit in to a model that we, perhaps in a logical and orderly manner, have planned beforehand. However, we still are responsible for acting, above all through education and social policies, to ensure that individual conduct will, in a natural way, incorporate civic behaviour imbued with a spirit of solidarity. This is not only on account of the need for a social pact that makes harmonious living possible, but above all because it is through civic behaviour that people fully develop their humanity and find the true quality of life.

When we see that in our societies, life is not respected, that the family is not valued, that children are not wanted and that old people are not cared for, then we know that something is not right. It is then that we have to act decisively because the problem is not that our society has grown old, but rather that it is weak or infirm.

The challenge facing many countries is that of adapting our society to this new reality, while anticipating the possible negative effects deriving from ageing, and at the same time removing the obstacles that can impede its balanced and harmonious development.

As proposed to us by the motto of this Assembly, we need to collectively generate a cultural change that allows for the creation of "societies for all ages", in which neither older people, nor any other person, on account of sex, health, race or religion, feels excluded.

At the present time the mental faculties of a 60-year old are the same as those of a middle-aged person some years ago. This new circumstance is evidence of the important role that older people can continue to play in the professions, in politics, in social life or in intellectual and cultural training.

Countries with older populations must increasingly promote "active ageing" through policies of preventive medicine, continued learning and a flexible work schedule. All that, apart from making good use of the human potential of older people, will help to meet the possible costs deriving from the new population structure.

A country that fails to offer opportunities for active participation to its older people is a country that is missing opportunities. But it is, above all, a country that is preventing many useful and capable people from continuing to contribute to the well-being of others as well as bringing a sense of satisfaction to their own lives. It is not so much a matter of "making them feel useful" as of convincing ourselves that they really are useful, and of allowing them to prove it.

Our society needs to recognize the role that older people have played throughout their lives, and can still play. They must be recognized for what they can still do, but above all, for what they themselves are. That is because older people, like any other people, healthy or sick, rather than "being useful" are "worth" something.

That is why the family is such an important institution. It is because it is in families, and through the inter-generational relations that are found in families, based on affection, freely offered, that we mainly learn to appreciate people, whether old or young, healthy or ill, for what they themselves are.

That is why it is so important that Governments acknowledge, facilitate and reward this work that families are doing in a way that is disinterested but clearly to the benefit of society as a whole. That is why it is so important for Governments to collaborate, by providing them with the necessary help for the care and attention of older people and ensuring that they will have access to the services of all kinds that will help them in their task.

Apart from ensuring the perfect integration of the rapidly growing older population into society, the countries that are addressing such processes have to anticipate the effects that ageing has on their economic, social and health policies.

As many of those present know, Spain currently hold the Presidency of the European Union Council. In my capacity as President of this Council, I can assure you that the ageing of the European population and all the economic and social changes that this process involves, are reflected directly or indirectly in many of the priority courses of action that we are promoting.

It would be desirable if not only the European countries but all the countries that are gathered here were to recognize the depth of the changes that are taking place and were to react in a responsible way, cooperating under United Nations auspices in order to transform these new challenges into opportunities for assuring the integral development of our societies.

Mr. Secretary-General,

I wish to thank the United Nations, and all those who have collaborated in making this Assembly possible, for the opportunity that you have given us by bringing us together to discuss an issue of such importance. I am sure that approval, with a wide margin of consensus, of the International Plan of Action will serve as a guide for our policies in the coming decades.

Annex III

Parallel and associated activities

The programme of activities organized in conjunction with the Second World Assembly on Ageing included a series of events that took place before and during the Assembly. In chronological order, the first event was the Valencia Forum, followed by the NGO Forum on Ageing, the round tables programme, Dialogues 2002, and a series of activities promoted by agencies of the United Nations system, intergovernmental organizations, non-governmental organizations, Member States and the private sector.

The Valencia Forum was held from 1 to 4 April 2002 in Valencia. Research and academic professionals gathered over four days and discussed the research issues related to policy development in the field of ageing and adopted the Research Agenda on ageing for the Twenty-first Century to support implementation of the Plan of Action. With more than 500 participants, this scientific congress gave an important and substantive input to the general discussion on ageing issues during the Assembly. The organizer of the event read a report before the Member States at the plenary on the main findings and developments of the Forum.

The NGO Forum on Ageing began on 5 April and overlapped with the Assembly, finishing on 9 April. A Coordinating NGO Committee, which integrated both national and international NGOs, convened and organized this international NGO gathering. The IFEMA building, adjacent to the Assembly venue, hosted more than 3,000 participants from five continents. During the four sessions they worked intensively in 170 workshops and panels. The Secretary-General visited the Forum and gave a speech at the plenary session on 9 April. At the end of the NGO Forum, one of the co-chairs addressed the Assembly and read a summary of the conclusions reached among the NGO representatives at the Forum.

Dialogues 2020 was the name of a round table programme organized by the Spanish Government. The programme started on 8 April and ran in parallel to the meetings of the Assembly. There were eight round tables on different topics including: poverty eradication, active ageing and family issues. Among the speakers, were some heads of funds and programmes of the United Nations system, high-level government representatives and members of the leading research and education community, as well as representatives of civil society.

The side events included eight activities organized by United Nations system organizations, such as the United Nations Research Institute for Social Development (UNRISD), the World Trade Organization (WTO), the World Health Organization (WHO), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP). Regional organizations were also present in these international events: the Inter-American Development Bank and the Economic Commission for Europe (ECE) had their own panels. In addition, five private

companies, organizers of five events, represented the private sector. Finally, several Member States as well as a group of international non-governmental organizations, alone and in association with Member States, hosted 18 panels, workshops and round tables in parallel to the Assembly.

02-39751 (E) 220702
0239751